

ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND RELATED MATTERS.

Hearing held 8th floor 180 Dundas Street West Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

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Transcript of evidence for

MARCH 6, 1984

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1 ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN 2 AND RELATED MATTERS. 3 Hearing held on the 8th Floor, 4 180 Dundas Street West, Toronto, Ontario, on Tuesday, the 6th 5 day of March, 1984. 6 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner THOMAS MILLAR - Administrator 8 MURRAY R. ELLIOT - Registrar 9 10 APPEARANCES: 11 Commission Counsel P.S.A. LAMEK, Q.C. E. CRONK 12 D. HUNT Counsel for the Attorney 13 L. CECCHETTO) General and Solicitor General of Ontario (Crown Attorneys 14 and Coroner's Office) 15 Counsel for The Hospital for I.J. ROLAND) Sick Children M. THOMSON R. BATTY 16 Counsel for The Metropolitan D. YOUNG 17 Toronto Police 18 Counsel for numerous Doctors W.N. ORTVED at The Hospital for Sick Children 19 Counsel for the Registered F. KITELY 20 Nurses' Association of Ontario E. MCINTYRE) and 35 Registered Nurses at 21 The Hospital for Sick Children 22 (Cont'd) 23 24

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1	APPEARANCES (CONTINUE	ED):
2		
3	D. BROWN	Counsel for Susan Nelles - Nurse
4	E. FORSTER	Counsel for Phyllis Trayner - Nurse
5	J.A. OLAH	Counsel for Janet Brownless - R.N.A.
7	B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
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12 13		Heather Dawson (mother of deceased child Amber Dawson)
14	W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
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ERRATA

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<u>Page Line</u> 5739 23

... aspect of a cardiac

should read:

... aspect of a cardiac arrest.



INDEX OF WITNESSES Page No. RADOJEWSKI, Elizabeth (Resumed) Cross-Examination by Mr. Knazan Re-Examination by Ms. McIntyre Re-Examination by Ms. Cronk Cross-Examination by Mr. Shanahan Further Cross-Examination by Mr. Olah Further Re-Examination by Ms. McIntyre Further Re-Examination by Ms. Cronk BROWNLESS, Janet (Sworn) Direct Examination by Ms. Cronk INDEX OF EXHIBITS Description Page No. Chart-4B Team Leader or Nurses in Charge. Curriculum Vitae, Janet Brownless.

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[ZABETH RADOJEWSKI, Resumed

OMMISSIONER: Yes, Mr. Knazan.

Y MR. KNAZAN:

My name is Grant Knazan and I

tie. You testified last Monday

sually on constant nursing care?

Yes.

In fact, when they are it is tory situation?

Yes.

And that is because they have

and therefore they are usually

patients, is that correct?

Yes. Usually when a child is on

require more direct observation,

are medications to be given and

le man because to give them to registered

And even when a child is not on sometant same a usually the case that the sicker che child the case likely that an RN will be in the child the case.

Yes.

And as a result of that, is it

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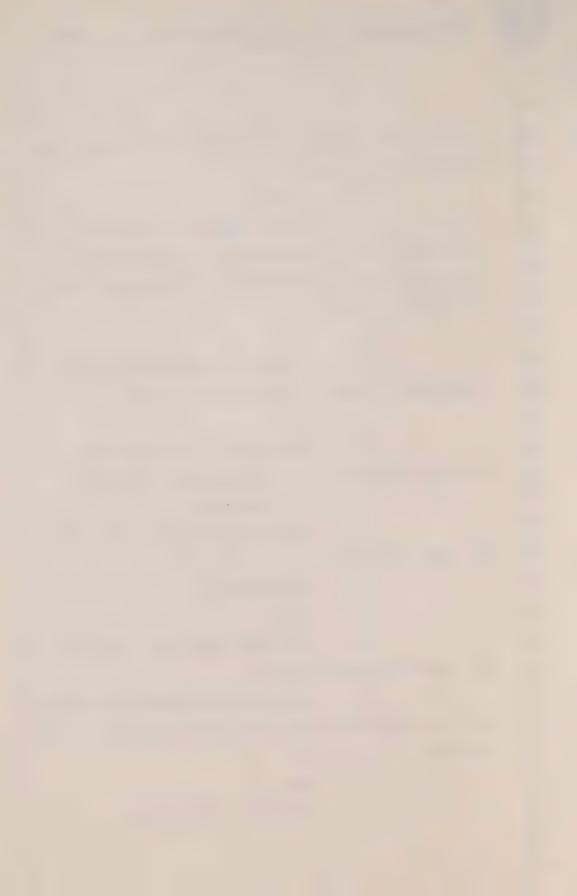
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correct that an RNA will often have more children than the RN's on the team?

- A. Yes.
- And I pointed to out to Mrs. Brown that Mrs. Christie had six on the night of March 21st, and she said that was not unusual, would you agree with that?
 - Α. Yes.
- Especially if some of them are older children and not newborns or infants?
 - A. Yes.
- Now as part of an RNA's duty she has to take the vital signs on her children?
 - Yes, she does.
- 0. Can you tell me again what they are; they are heart?
 - A. Temperature.
 - 0. Yes.
- The heart rate, the respiratory A. rate and the blood pressure.
- Q. And that would usually be either every two hours, or every four hours, depending on the condition of the child?
 - Yes. A.
 - Q. And when an RNA got her



assignment th	ne requi	remen	ts for	vital	signs	would be
on the hour,	that is	the	every	two hor	ırs or	four hours
would always	fall on	the	hour?			

A. Yes, usually it did.

Q. And, therefore, if a nurse had five or six patients logically she couldn't physically be with every one at 4 o'clock, or 6 o'clock, or wheneven the hourly vital signs had to be taken?

A. That's right.

Q. Therefore, she might take all the vital signs of all the children during a period say from quarter before the hour to quarter after the hour?

A. At least, yes.

Q. But she would still mark in on the flow sheet that the vital signs were taken on the hour?

A. Yes.

Q. And there would be nothing incorrect about that whatsoever?

A. No, that was the practice.

Q. So if someone's flow sheet or work notes were to show 4 o'clock blood pressure for a certain child and she said she took it at 20 to 4:00, even that would not be improper?



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A.	Inat	`S	right

Q. Now, let's see how far we can take that conclusion that we have reached. You testified yesterday to Ms. Forster, as we know, that the team leader gives the medications for the RNA's.

> A. Yes.

And on any one shift the RNA's could have a total of 10 children, up to 10 children, that would not be unusual? Again, the night Cook died Janet Brownless had four in Room 418 and Mrs. Christie had six?

Α. Yes. I am sorry, I just misunderstood, there are more than two RNA's, yes, more than one RNA.

Q. And the team leader would have to give them all medications?

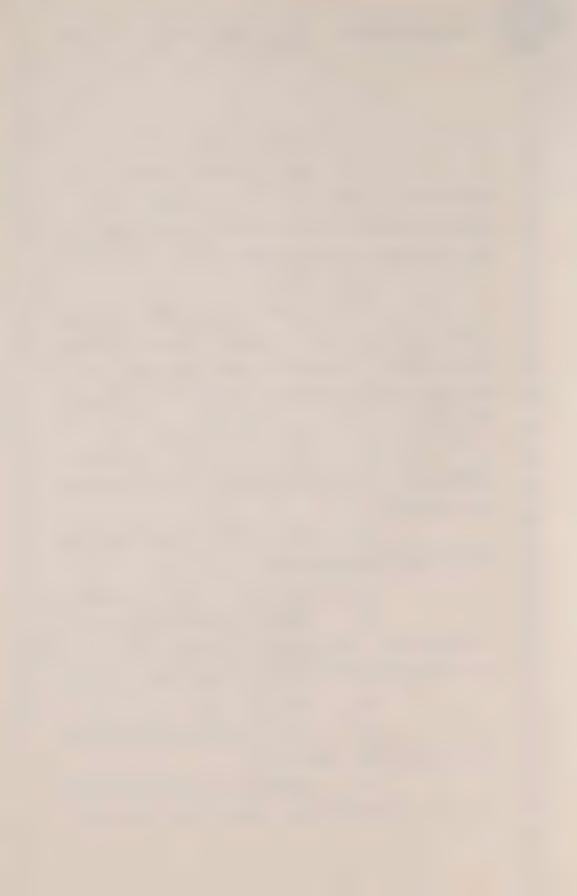
> A. Yes, if they were on medications.

The medications are usually on 0. a certain hour. For instance, we know digoxin is given at 9 o'clock and 2100 hours, is that right?

> A. Yes.

0. And is that the case for other medications also, antibiotics?

Α. Antibiotics can be at different times, but they are usually spaced four hours apart.



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If the child is on more than one then they are spaced closer together.

Q. So it might be the case that the team leader would have to give medications for several of the RNA's patients at the same time?

A. Yes.

Q. And she would then give the medication for that time and still mark it in as being given on the hour when it was supposed to be given?

A. Yes.

Q. But following the same logic that we follow with the RNA's, she might give it within 20, depending on how busy she was, 20 minutes to the hour and still mark it in on the hour?

A. Yes.

Q. And there would be nothing improper about that at all?

A. That's right.

THE COMMISSIONER: You say nothing improper about it, but why would she do it, why would she not mark in the time she was giving it?

THE WITNESS: The times are set up on the medication and treatment record, and if it is due at 9 o'clock it is just a fact of nursing that it can be given at 8:30.



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THE COMMISSIONER: I can understand that, but I still don't understand why she puts in another hour, why doesn't she put in the right hour? It may not matter a great deal, but why would you not put in the hour that you did give it?

THE WITNESS: If there is a big time difference of an hour it is expected that she would put in the time.

> THE COMMISSIONER: Yes.

THE WITNESS: But if it is give or take half an hour before or half an hour after it's due.

THE COMMISSIONER: As usual I still don't understand it but that is a fact, is it, all through the hospital?

THE WITNESS: That is the reality of the work place that I know of.

THE COMMISSIONER: Why is 2100 the reality any more than 2145 or 2150? Why can't they put in the right hour?

THE WITNESS: I don't know.

THE COMMISSIONER: Do you tell them to put in 2100 hours if they are within 15 or 20 minutes? Do none of them think it might be a good idea to put in the right hour they give it, nobody



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is going to blame them for it being half an hour one way or the other?

> THE WITNESS: No.

MR. ROLAND: Mr. Commissioner, you may misunderstand it a bit.

THE COMMISSIONER:

MR. ROLAND: Maybe you don't. As I understand it, the hour is put in well before the medication is given, it is put in perhaps a day or two before and that hour then comes up and the medication is then given. As the witness said, if there is a big discrepancy between the actual hour given and the one that has already been put in the chart --

THE COMMISSIONER: I have misunderstood. Could I have a chart please.

MR. ROLAND: Then some difference may be noted in time. But the hour is already there in the chart, perhaps a day or two before it is actually given. It is there to alert the nurse that is the time it is to be given.

THE COMMISSIONER: Well that is different. If, in fact, the hour is put in --MS. FORSTER: Mr. Commissioner?

THE COMMISSIONER: Yes.

MS. FORSTER: Sir, if you have the



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Miller chart it is on page 38, and there is a column on the left-hand side for time which is marked in in advance.

THE COMMISSIONER: And that is put in, I take it, at the time that the document is drawn up, when the orders are given?

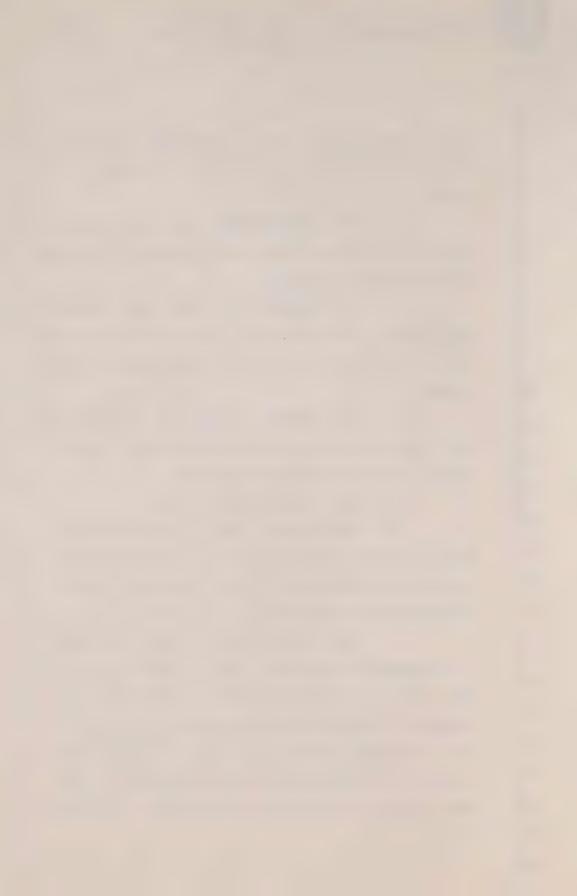
MS. FORSTER: I think the evidence we have heard is that the doctor will write out an order and it is transcribed onto this sheet when the order is made.

MR. ROLAND: That is my understanding, sir. So that the time, for instance if you look at digoxin - are we looking at page 38?

THE COMMISSIONER: Yes.

MR. ROLAND: The 9 o'clock and the 21 would be written at the same time when digoxin is written in there, and it is to alert the nursing staff that is the hour it is to be given.

it is supposed to be done. Yes, I understand that, that makes it a good deal easier to understand. I thought at the time that they were writing in the wrong hour which struck me as odd, to say the least, but they are not doing that, so I apologize to the whole hospital for that misunderstanding. All right.



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	MR.	KNAZAN:	Q.	Leaving	that point
Mrs. Radojewsk:	i. y	ou also	testif	ied that	if a large
number of ampul	les c	f a cert	ain dr	ug was be	eing used
the pharmacist	woul	d notice	; do y	ou recall	giving
that testimony	on W	ednesday	??		

- A. I believe she would notice it, yes, when she was re-ordering.
- 0. Did you mean for the whole hospital, or for a particular ward?
 - For a particular ward.
- I take it there is no written 0. record of how much digoxin is being ordered by a ward from the pharmacy, is that correct?
 - There is an order form, yes.
- Now why would anyone not be able to determine whether the amount that was ordered was actually the amount that was being used? I understand there is some reasons, maybe you can explain them?
- If I can give you an example: A. if our ward stock stated that we would have 10 ampules on the floor, and we only had three, then she would order another full 10. They are ordered in packets of 10, or five, or however they were sent from the manufacturer. I am not sure if that explains your question.



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Q. Could you not determine by
looking at how much medication was supposed to have
been given to the children during the time period
that the order covered, how much had been ordered
and how much was left; whether there was unauthorized
use of the drug from these ward supplies?

- It was not a controlled drug at the time we were using it and we would have no record to show that. We have those types of records with narcotics and controlled drugs but not with digoxin.
- But there is a written order 0. from the ward to the pharmacist for digoxin?
 - To the Pharmacy Department, yes.
 - Are those frequent, regular, 0.

per month, or just when digoxin is needed?

- The clinical pharmacist would go over the ward stock, look at our medication room and go through the ward stock and order as needed, it could be every day, it could be every other day.
- And where would those order 0. forms be, I don't believe we have seen them?

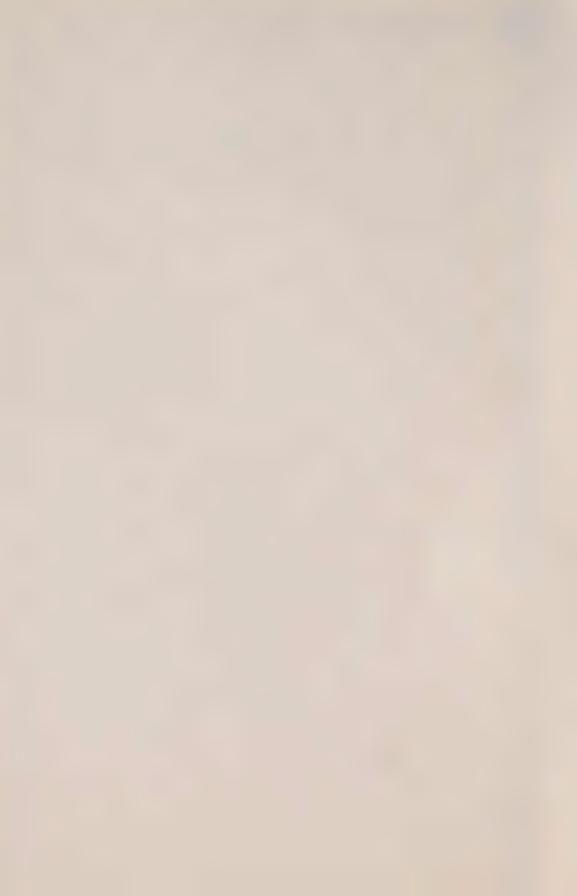
MS. McINTYRE: Mr. Commissioner, I believe the order forms were made exhibits at the preliminary inquiry, and I believe it is Exhibit 64 through 71 if that would help.



32B.

THE COMMISSIONER: 64 --

MS. McINTYRE: Through 71 of Exhibit



leaders or anybody like that?



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MR. KNAZAN: Thank you, Miss McIntyre. THE COMMISSIONER: These, I take it, are filled out by the pharmacist department themselves. They are not filled out by you or any of the team

THE WITNESS: We used to have to do that before the clinical pharmacist was attached to our ward.

THE COMMISSIONER: That was when? THE WITNESS: That was September of 1980.

THE COMMISSIONER: I see. So really it became something that you didn't worry about. They got filled automatically by the pharmacy department, I take it?

THE WITNESS: When the clinical pharmacist was attached to the ward, yes.

THE COMMISSIONER: Before that whose responsibility was it?

THE WITNESS: It was part of the large amount of paper work that the team leader or the nurse in charge had to do on nights. That is the same person, the team leader was in charge.

THE COMMISSIONER: It would be done by the night team leader, as opposed to the head nurse?





Radojewski, cr.ex. (Knazan)

THE WITNESS: Yes.

THE COMMISSIONER: Or the day team leader?

THE WITNESS: It would be done by the

night team leader.

THE COMMISSIONER: Is that just for convenience it was done by the night team leader?

THE WITNESS: Yes, it was often quieter on nights and it was that time available to check the ward stock.

THE COMMISSIONER: Yes.

MR. KNAZAN: Q. One last question.

After speaking with the Hospital's lawyer did you advise Mrs. Christie to make notes of the events surrounding Cook's death?

Do you recall that?

- A. I don't recall, I am sorry.
- Q. Did you speak to Mr. Carter at some point after Susan Nelles' arrest?
 - A. Yes, I did.
- Q. Do you recall him advising you that the nurses should make notes?

MS. CRONK: Well sir, surely the question can be put in a more proper fashion than that.

THE COMMISSIONER: Yes, and I think we



question.

Radojewski, cr.ex. (Knazan)

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should advise her that she does not need to answer any questions about any of these dealings. I take it you were consulting him on a professional capacity?

THE WITNESS: Yes.

MR KNAZAN: I will withdraw the

THE COMMISSIONER: You don't have to answer any of those questions, innocent though that one might be.

MR. KNAZAN: I agree. I stopped someone else from asking some questions. Thank you.

THE COMMISSIONER: Now, Mr. Tobias.

MR. TOBIAS: I have no questions of this witness.

THE COMMISSIONER: All right. I made a promise to Mr. Shanahan. I take it no one else has been missed out. I think if you would proceed then obviously we will have to give you an opportunity after Mr. Shanahan if you have any further questions in relation to that.

MS. McINTYRE: I have very few questions.

THE COMMISSIONER: Yes, all right.

RE-EXAMINATION BY MS. McINTYRE:

Q. Miss Radojewski, Mr. Roland asked you when you attended the meetings held by



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the doctors every morning at which the deaths were discussed. I take it these were the cath. rounds as they were called?

- A. Yes.
- Q. What was the prime purpose of those meetings?
- A. Excuse me, the prime purpose was to discuss the cardiac catheterization results of the children the day prior and the children who were going to be going for cardiac catheterization that day.
- Q. I take it that the deaths that had occurred on the ward the prior night would also have been discussed?
 - A. It is likely they were.
- Q. Did any of the nurses from the ward attend those meetings? You said you did not attend.
- A. That is right. Miss Carol Brown and our other clinical specialist, Janet Mead attended those meetings.
- Q. Did you receive any report back from the meeting?
- A. We received feedback from the meeting if there were things that concerned the ward



. .

or certain patients from those nurses on occasion and also the residents attached to the ward, who were required to be at the meeting, would also bring feedback to us.

- Q. So you may well have discussed the deaths of the individual children in that context, I take it?
 - A. I may have, yes.
- Q. Can you tell us why you, yourself, did not attend those meetings?
- A. Morning time is a very busy time on the ward there. After the rounds there were charts to be checked for children going to the operating room or children scheduled for cardiac catheterization and medications to be given. I was the relief person for the team leader, as she was going about getting her medications.
- Q. So I take it it was an inconvenient time for you to go; is that right?
 - A. Yes.
- Q. And the meetings in September were scheduled in the afternoon to be more convenient for the nursing staff, including yourself; is that right?
 - A. Yes.



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On the question of psychiatric assistance for the nursing staff on the ward, Mr. Hunt asked you certain questions on that topic and he put to you the evidence of Lynn Johnstone, wherein it was suggested that you were not in favour of such assistance. That is at page 5573. Can you tell us, did you ever oppose the concept of having psychiatric assistance for your nursing staff?

Radojewski, re.ex.

(McIntyre)

- No, I didn't oppose it.
- Did you think it was a good idea? 0.
- Yes, I did. A.
- I take it that it did not 0. materialize for various reasons?
 - That is right.
- Subsequently, you sought other assistance for the nurses; is that right?
- Yes, Mary Costello and I had met in January when we could devote a whole day to several issues that we wanted to discuss and we came up with the idea of Andrea Fruhen along with a couple of the other nurses.
 - Andrea Fruhenwas in what position? 0.
- I believe she was known as the mental health nurse. I am not sure of the official title.



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- Q. Were her services ever acquired to assist the nursing staff on the floor?
 - A. Could you explain that.
- Q. Did Andrea Fruhencome to offer counselling of any sort to the nurses?
- A. I am trying to remember if she did materialize and we went to the individual teams to see if they felt the same need, each team felt the same need to have someone come like Andrea and then with the events of March we were then appointed a psychiatrist for the nurses.
- Q. That was after Susan Nelles' arrest?
 - A. Yes.
- Q. Okay. Mr. Hunt asked you if it was unusual for a doctor to come to the floor at night unsummoned. If I wanted to ask you several questions about that.

The timeframe that he set was four hours prior to the time of death of the children, which was between approximately 2:00 a.m. and 5:00 a.ms, making four hours prior, starting at 10:00 p.m. in the evening.



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Can you tell us, might doctors do rounds of patients that late in the evening, that is, at 10:00 p.m.?

A. I don't know, because I wasn't on long night duty. I think it would be unusual.

Do you know if the doctors may have come to the floor? I understand that the sleeping accommodations for the residents was adjacent to Ward 4A/B, is that right?

> · A. Yes, it was in the centre hall.

0. Might they come to the floor to see patients prior to retiring for the night?

It is my understanding that that did happen, yes, on occasion.

And I take it that the residents 0. would be called from their sleeping quarters to areas of the hospital in addition to 4A/B, is that right?

> Yes. Α.

0. And might they come through 4A/B on their way either to or from other areas of the hospital?

> A. Yes.

Would that be considered unusual? Q.

A. No.

I take it that wouldn't arouse Q.



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suspicion on the part of the nurses?

A. No, we were used to a large volume of traffic moving through 4A/B.

0. I take it that doctors were summoned to Wards 4A and B during the late evening and night from time to time by the nurses, is that right?

> Α. Yes.

0. Certainly during a Code 23 or

Isn't that what

Α. Yes.

Q. Would they, in addition to those times, be summoned at other times to the wards?

They were summoned to the ward at other times as the patient's condition had changed and there was a need.

THE COMMISSIONER:

a Code 23 is? Is a Code 23 to get the doctor? THE WITNESS: Yes, but that is a very urgent call; but if a child has an elevated temperature or intravenous has gone interstitial, then they would

summon the doctor for those reasons.

THE COMMISSIONER: Was there any reluctance to call them at night, I think that is what they are really concerned about. Most of us, and it





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is probably different in the medical profession, but most of us resent telephone calls in the middle of the night, just as you did when that occasion arose with the pills, I am sure you found it distressing. Is there any hesitation about calling a doctor at night? Is there a tendency — it is difficult for you to answer because you don't work at night. We are going to have, our next or five witnesses have a great deal of experience at night, perhaps we shouldn't be concerned with Mr. Radojewski.

MS. McINTYRE: I appreciate that limitation on this witness' evidence. However, she has been asked a great deal about this.

THE COMMISSIONER: Yes, I know.

MS. McINTYRE: Perhaps I can ask
Mrs. Radojewski as the head nurse of the unit in what
type of situation would you have expected your nurses
to call a doctor?

THE WITNESS: If there is a change in the child's condition that requires the doctor to see them; for example, an extremely high fever, even though the child may have a medication order for, say, aspirin or tempra, but if the fever is extremely high the doctor should be notified. The intravenous, if it has gone interstitial and a child requires it for



fluids or for medication, then that needs to be restarted by the doctor. There are many other examples, but it is along those lines that they would have to be summoned.

MS. McINTYRE: Q. How unusual would it be for a doctor to be summoned during the late evening or night other than Code 23 or Code 25 situations?

THE COMMISSIONER: As I remember

Mr. Hunt's question it was predicated on not being

summoned, he was arriving, whether that would disturb.

Now, obviously if a doctor is summoned he is expected,

so, he would be there, it would cause no surprise at

all. If he's not summoned and his arrival on the

scene, whether that would be noticed.

MS. McINTYRE: That was certainly the direction of Mr. Hunt's questions and, sir, that was the problem I had with his questions because I had thought that it was a false assumption and that's why I am probing this area somewhat with this witness. I am not planning on asking her a great deal of questions.

THE COMMISSIONER: No, all right.

MS. McINTYRE: Q. Mrs. Radojewski,

I take it that there are always residents sleeping in



the hospital, is that right, remaining there? There are always at least some residents remaining in the hospital overnight?

A. Yes.

Q. And in addition there are fellows and cardiologists on call?

A. Yes.

Q. And as I understand it, that is for the purpose of coming to the floor in the event that there is some problem?

A. Yes.

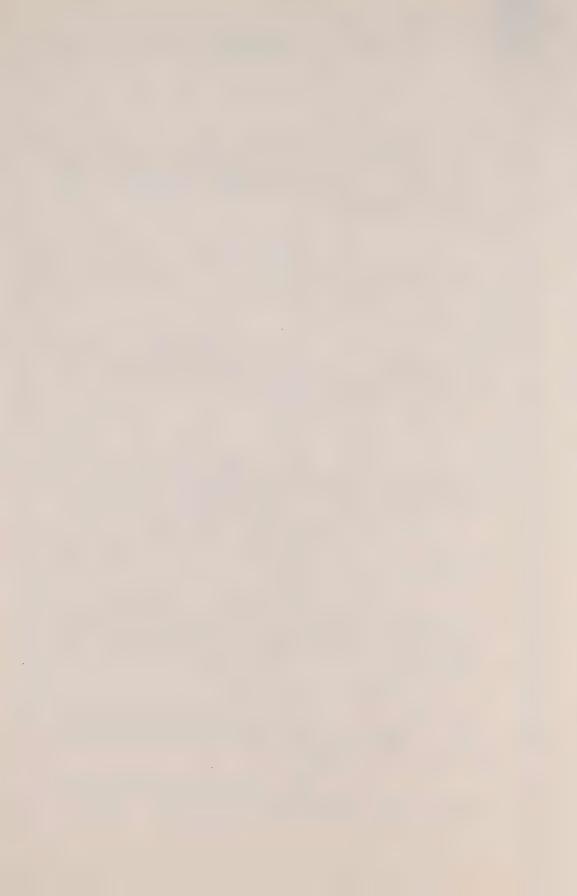
Q. Do you know whether or not it was unusual for doctors to be summoned to the floor, other than a Code 23 or Code 25 situation?

A. I'm unsure if I understand your question.

Q. Well, was it a common occurrence or an uncommon occurrence for a doctor to be summoned to the floor during the late evening or night to see a sick patient?

A. If there was a problem with the patient that required the doctor to see the patient, then it was not unusual.

Q. Okay. Perhaps we will leave it for those nurses who were around at night.



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I take it that when doctors were summoned, it would be very frequently to Room 418 in that that is where the sickest patients were found? Yes, the infants, the sickest Α. infants were in there, yes.

0. Do you know whether a doctor might be left alone by a nurse with a patient in Room 418 if he were to come to the floor?

I know that that can happen on the day shift and I would assume that that happens on nights as well.

0. Would that be when the nurse were to go for medications or some other supplies that the doctor requested?

A. Yes.

And if a nurse were assigned constant care duty with a patient, would it be permissible for her to leave that patient alone with the doctor while she went to get medication or whatever?

> Α. Yes.

It would not be necessary for her to call another nurse to relieve her?

> No, it wouldn't. A.

MS. McINTYRE: Thank you, I have no



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further questions.

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THE COMMISSIONER: Thank you, Miss McIntyre. Now, Miss Cronk, I don't see Mr. Shanahan yet.

MS. CRONK: Well, perhaps I will begin then, sir.

THE COMMISSIONER: Yes, all right.

RE-DIRECT EXAMINATION BY MS. CRONK:

0. Mrs. Radojewski, just to deal with two issues raised by Ms. McIntyre just a moment ago. May we deal first with the issue of the suggestion that the services of a psychiatrist be made available to those nurses who worked on Ward 4A and 4B. As I have understood your evidence and the evidence of others, that suggestion was raised for the first time in the early fall of 1980; do I have that correctly, insofar as you are aware?

The suggestion was raised by the staff in the early fall. I thought there was some note in one of the meeting books or the communication book before he was due to arrive, that it was our hope that he would have some time for the staff.

That may be, and I am not 0. suggesting it is otherwise, Mrs. Radojewski. My question was, insofar as you are aware, was it in the



fall of 1980 that that suggestion was first raised?

MS. McINTYRE: Mr. Commissioner, the witness has referred to a meeting in August, a note in the communication book which was made by herself on August 15th. It is at page 6 of Exhibit 300.

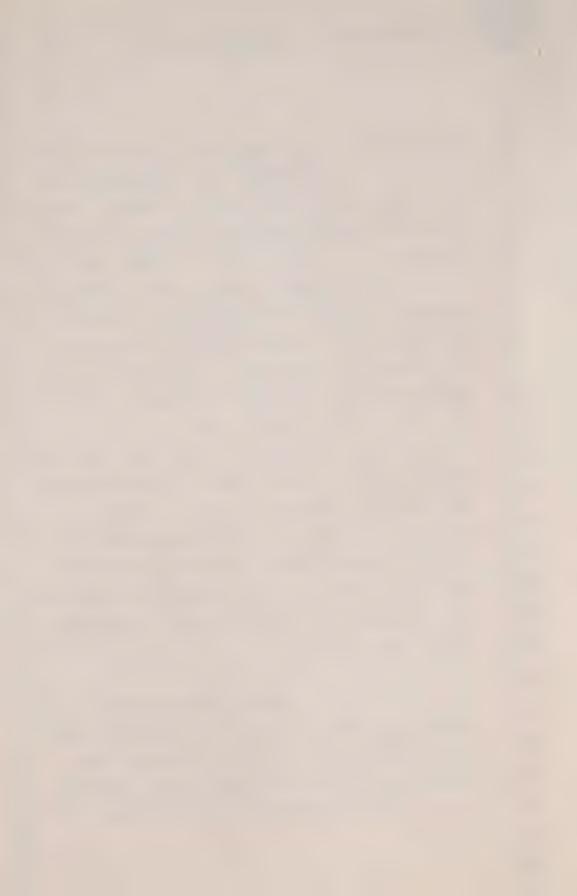
MS. CRONK: Well, that's helpful sir, thank you. I didn't place any magic on the time,
Mrs. Radojewski. If there is an entry for August
15th, is that the first time, to the best of your recollection, that the matter was raised?

THE WITNESS: Yes.

MS. CRONK: Q. All right. And you know, because Mr. Hunt has drawn it to your attention and because Ms. McIntyre has drawn it to your attention again, that Lynn Johnstone has given evidence at these hearings and she was specifically asked certain questions with respect to the suggestion that a psychiatrist be made available to the wards, you are aware of that?

A. Yes.

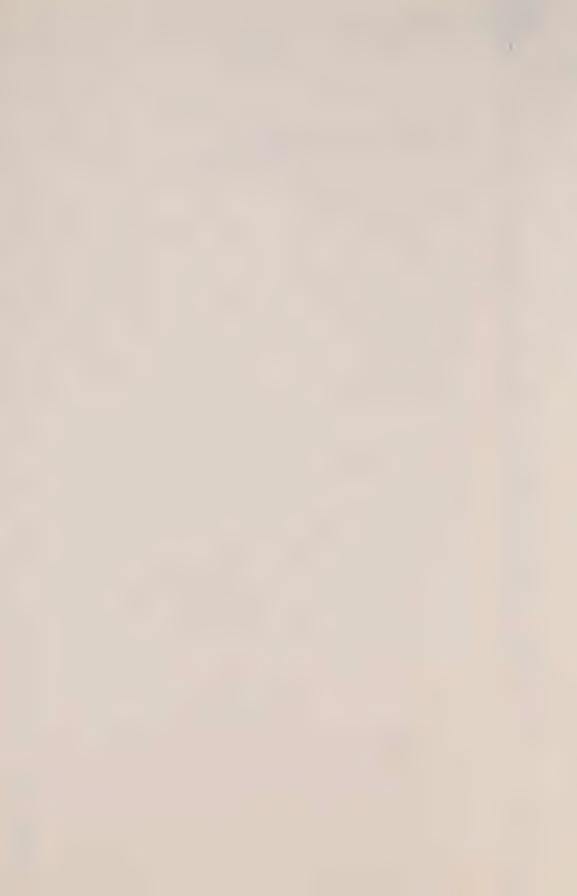
Q. And as I understood your evidence this morning, notwithstanding what may have been suggested to you during the course of cross-examination, you were not opposed, as you recall it, to the suggestion that a psychiatrist be made



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available, is that correct?

That's right. A.





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Q. I would like to read to you a passage from Ms. Johnstone's testimony, Mrs. Radojewski, that as I recall it has not been read to you yet. This is from her examination in chief, Mr. Commissioner, and it is found at Volume 103. It is a brief passage, Mrs. Radojewski, and I will simply read it to you and if you would like to see a copy by all means you are entitled to do that. Starting at page 3476, a question by Mr. Lamek to Ms. Johnstone:

"Q All right. You perceive the level of stress and tension on that ward to be such --"

This is in late September or early October:

"... to be such that you thought it appropriate to suggest that perhaps some psychiatric counselling might be helpful?

"A I thought it might be helpful because when I worked in the ICU you had a psychiatrist that would come and talk with us once a week, just so that we could work out some of our feelings because of the stress, and then if we had any particular. difficulty with one child or one



"family he would help us and talk about that and what we could do to improve it.

"Q. Was that a suggestion which you discussed with Nurse Trayner or any other member of either nursing team, the Trayner team or the Bell team on 4A/B?

"A. I spoke to them all.

"Q. Prior to speaking to Nurse Radojewski?

"A. Yes.

"Q. Were they in favour of the idea?

"A. Yes, they were.

"Q Was there anybody opposed to the idea?

"A. No.

"Q What was Nurse Radojewski's response?

"A. She thanked me for my concern. She felt at the time that they were supporting them enough, 'them' meaning herself and Mary Costello.

"O. Yes.

"A. That was about it.

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"O. I take it it didn't happen at that time in any event?

"A. No."

Mrs. Radojewski, my question to you is, do you recall in late September or early October discussing this issue with Ms. Johnstone and telling her at that time that you did not feel that the services of a psychiatrist were necessary because you and Mrs. Costello were doing your utmost to provide whatever support to the staff you could in those strenuous times?

I don't recall the conversation.

Do you recall one way or another discussing the matter with Ms. Johnstone?

A. No, I don't.

0. Tell me, do you have any reason to disagree with Mrs. Johnstone's version of the discussion which did take place?

No, I have no reason to disagree.

0. Is it possible then that in

late September or early October you did indicate that at that point in time you felt they were being provided all the support that was necessary then under the circumstances? I take it it is possible if you don't recall the discussion?



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It is possible.

May we turn to another matter as well. You will recall that during your evidence both - in your discussion both with myself and other counsel, you were asked to explain certain of the notes that you had made concerning Kevin Pacsai when you had gone down to the Pathology lab with Diane Croswell to review that child's chart, do you recall that?

> Yes. A.

And I asked you specifically as did Mr. Shinehoft, questions concerning the cause of death entries that you had made on those notes, and you told us that you felt they had been drawn from a neonatal form that you were confident was in the chart at the time that you reviewed it; do you recall that?

> A. Yes.

MS. CRONK: Mr. Registrar, could you show the witness if you would, please, Exhibit 369 which, Mr. Commissioner - I am sorry, Exhibit 114, which is the medical chart of Charlon Gardner.

- Do you have that, Mrs. Radojewski?
- Yes, I do.
- Could I ask you to turn to page Q.



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page 20 if you would, please?

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A. Yes.

At page 20 we see a form entitled: "Ontario Hospital Services Commission, Form 4, The Public Hospitals Act, Report of Stillbirth or Neonatal Death."

Do you see that?

Is this the kind of form to which you were referring with respect to Kevin Pacsai?

> A. Yes.

If you look to the bottom of the page, in an enclosed box, there is space there, is there not, for a description of the immediate cause of death?

> A. Yes.

And there is a description as well for other morbid conditions?

> Α. Yes.

Now, I take it that in medical nomenclature morbid conditions does not have the meaning that perhaps laymen would attach to it? Do I have it correctly that those are the secondary conditions and perhaps other contributing factors to the cause of death?

A. It was my understanding they



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were other contributing factors.

Q. I am sorry, I am just trying to understand this. Does the term "morbid conditions" refer to other contributing factors, or secondary matters that might be related to the cause of death?

A. Yes.

Q. And it is that kind of information that it is intended by the drafters of the form to be inserted in those columns?

A. Yes.

Q. That is what you are supposed to put there?

A. Yes.

Q. Is it your recollection that this is the type of form that was on Kevin Pacsai's chart when you reviewed it in the Pathology lab that day?

A. Yes.

Q. Do you have there with you,
Mrs. Radojewski, a copy of your notes that you made
during your discussion with the two team_leaders from
Ward 4A and 4B, who came to you you have told us
during the week of March 16th, 1981, to discuss the
death of five children on Ward 4B; that is Exhibit 368,
sir. You don't have a copy, Mrs. Radojewski?



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A I have my copy, yes.

Q. You have told us, Mrs. Radojewski, as I understand it, that these notes were prepared during your discussion with two team leaders, you thought one from both 4A and one from 4B during the week of March 16th and March 17th, do I have that correctly?

A. Yes.

Q And you have told us that there was not anyone there as best as you can recall it during that discussion except yourself and those two team leaders, is that correct?

A. Yes.

Q You have told us you don't recall who the team leaders were, do I have that correctly? Well, I am sorry; to be completely fair, you have told us you don't have a clear recollection as to the identity of the two team leaders, but you have said that you are not completely certain, although you did at one point think that one of them was Phyllis Trayner, do I have that correctly?

A. Yes.

Q. Was it your impression that the two team leaders who came to you had been present for the arrest and death of the children that were



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being discussed at that meeting?

A. That was my impression, yes.

And I draw to your attention with respect to the five children set out in your notes, Mrs. Radojewski, that they are all children who died on Ward 4B?

A. Yes.

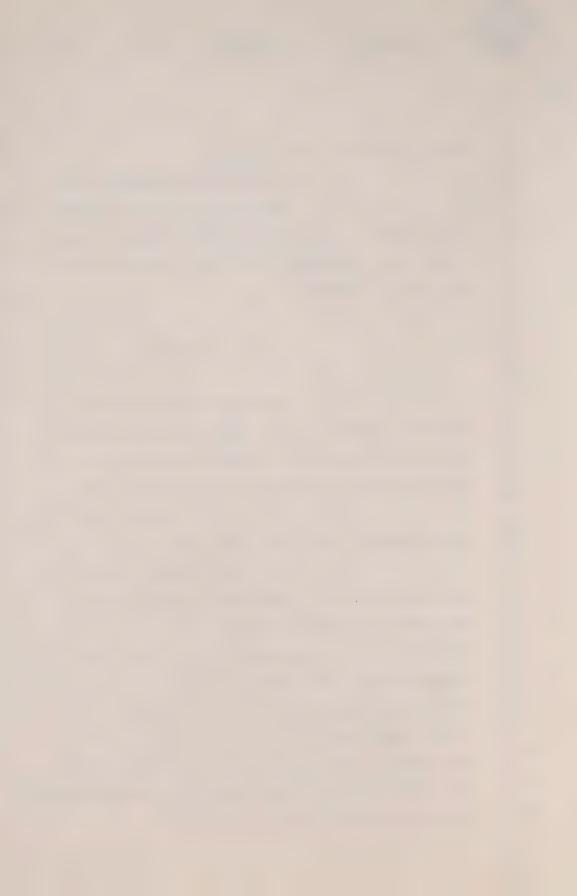
Q. Is that correct?

A. Yes.

Q Does that help you at all in recalling whether in fact there was a team leader from 4A that took part in this discussion, or is it possible that it was two team leaders from 4B?

A. My recollection was that it was one for each of the wards, each ward.

Q. Mrs. Radojewski, I am going to show you a chart that has been prepared from the WIN sheets for Wards 4A and 4B, and it has been prepared by Commission staff. I don't ask you to comment on the shifts that are noted for these various individuals, but simply to accept for the moment that those shifts are as reported by the WIN sheets. The first column contains the name of the child whose death was raised at your meeting with those team leaders, do you see that?





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Α. Yes.

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0. Then the date of death and the time of death, and the ward upon which the child died, do you see that?

> A. Yes.

And if we look first, please, to the team leaders who were on duty from Ward 4B, either on the night or day that the particular child died, or on the immediate day following the death of the child, we see, do we not, that the only team leader common to those five deaths is Mrs. Bracewell. She is either on duty the night each of those children died or she is on duty the next day?

> A. Yes.

Do you see that?

A. Yes.

And after Mrs. Bracewell it appears that Ms. Halpenny has the same association with respect to four of the five deaths, she was either there the night the child died or she was on duty the next day, do you see that?

> A. Yes.

And if we look to 4A's column you see common if you will to those five deaths, we see that Mrs. Trayner was on duty either during the



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night that each of those children died, or on the day immediately following, do you see that?

> Α. Yes.

And that is for all five.

We also see Ms. Ganassin, who I take it was another team leader from Ward 4A?

> A. Yes.

Was on duty either on the night that three of those children died, or on the days immediately following the deaths of three of those children, do you see that?

> A. Yes.

And I take it both Ms. Halpenny and Mrs. Bracewell were team leaders on Ward 4B?

A. I am not sure if Mrs. Bracewell was, I know that Miss Halpenny was.

Does this list in any way assist you in identifying who it was that came to you to speak to you about those deaths?

Very likely it could have been Miss Halpenny.

Q. Do you recall now having the benefit of knowing what hours those women worked, one way or the other?

It is most likely it was



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Miss Halpenny, but I can't picture that person in my mind.

From 4A. Can you now picture the person in your mind, or do you know one way or the other?

A. My recollection had been Trayner, but because I was unsure of her shift before; it most likely was Mrs. Trayner.

Q. Can I show you the original of your notes, Exhibit 368, and Mr. Registrar, I have it. You will recall that when we were discussing it the original was not available and your counsel has been kind enough to produce it and it has been marked.

As I understand it you have told us that during your discussion with these two team leaders you do not remember any issue being raised as to the possible involvement of digoxin in the death of any of these five children; do I have that correctly?

Yes.

You have also told us, as I recall it, that although you don't remember when you made the note, the reference on the back page of those notes to dig. levels is yours, is that correct?

A. That is my writing, yes.





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0. And the reference is on the back page of your notes?

> A. Yes.

I would ask you to look through your notes and confirm for me that the only other notation made in pencil anywhere through the notes is on page 3, beside Item No. 3, this portion is written in pen:

"Q. Authority to start resuscitation" and then immediately below it written in pencil are the words:

"by staff cardiologist decision". That is the only other notation anywhere on these notes in pencil, is that correct?

> A. Yes.

And you told me previously it is a fair conclusion to draw that you wrote in that language, "by staff cardiologist decision" when you were speaking to Dr. Fowler about these five deaths; do you recall telling me that?

> Α. Yes.

Is it not an equally fair inference, now that you have had an opportunity to review the original, Mrs. Radojewski, that you may have written in "dig. levels" on the same day that





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you spoke to Dr. Fowler?

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MR. ROLAND: Mr. Commissioner, let me rise at this moment. My friend, to be fair to this witness, she was asked this very question by my friend. in chief, and no one has raised it in cross-examination. My friend is going over the very question she asked her previously in precisely the same manner as I recall when she first examined this witness. That is, is it most likely you wrote it at the same time, and the witness answered, she didn't know.

MS. CRONK: Well, Mr. Roland is absolutely right.

MR. ROLAND: You know, she has done it once with this witness, and no one has asked her about it, and now she is doing it again.

MS. CRONK: To be fair, Mr. Roland is quite right. I came back to it because we did not have the original available to us during examination in chief.

MR. ROLAND: But it was put to her that it was written in pencil on the back, and isn't it likely that she wrote it at the same time, they were both in pencil, and she said she didn't know.

MS. CRONK: Well, I am in your hands, sir. Mr. Roland is quite right, I put the same



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question, it is just that the witness did not have it in front of her and she had to take my word for the fact that it was written in pencil and only in those two places. It may be that seeing the original assists her in some way.

MR. YOUNG: I don't think Miss Cronk needs my help, but I support her 100 per cent here. We didn't have the notes originally, that was not Commission counsel's fault. I think they were as surprised as we were to see the notes produced. The fact that they now assist and may remind the witness of the sequence of events is reason enough to put the question one more time.

THE COMMISSIONER: Yes, Miss McIntyre? MS. McINTYRE: Just to make it clear, the notes were no surprise to Commission counsel.

MR. YOUNG: Well, they were a surprise to the Police.

MS. CRONK: That may well be, but they were not to us.

THE COMMISSIONER: Yes, I am going to allow the question to be put, I suspect I know the answer, but still you go ahead with the question.

MS. CRONK: Q. Mrs. Radojewski, you have had a chance to look at the original again as you





sit here, does it help you in any way to recall when you made the entry on the back of those notes?

A. No, I am sorry.





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Q. Would it surprise you to know that I am not the least bit surprised. Do you recall, Mrs. Radojewski, that you told my friend, Mr. Hunt -- excuse me, sir, before we go on, could we have the list that I showed Mrs. Radojewski concerning the team leaders on duty?

THE COMMISSIONER: Be made an exhibit?

MS. CRONK: Marked, yes, sir.

THE COMMISSIONER: That will be 377.

MS. CRONK: 377, sir.

THE COMMISSIONER: Yes.

MS. CRONK: Thank you.

---EXHIBIT NO. 377: Chart-4B Team Leader or Nurses in Charge.

Q. Mrs. Radojewski, I would like to turn to a new matter. You will recall in your discussions, both with myself and with Mr. Hunt, you told Mr. Hunt that with respect to any alleged conflict which may have existed between Phyllis Trayner and Susan Nelles that you were aware of only one incident or one disagreement, which you described as having involved the calling of a Code 25. Do I have that correctly?

A. Yes.

Q. And you told us that that was



the only disagreement between the two of which you were aware. Is that fair?

- $\hbox{A.} \qquad \hbox{The only serious disagreement,}$ yes.
- Q. And you recall that I suggested to you that on December 1st, 1981 you met with Messrs. McGee and Wiley. You will recall those were the two Crown Attornies who were involved in the preliminary hearing with Susan Nelles?

Yes.

- I suggested to you on that occasion you were recorded as having told them that you knew of a situation where Susan Nelles had overridden Phyllis Trayner's decision to call in an arrest team. Do you remember my suggesting that to you?
 - A. Yes.
- Q. You told me that you would disagree with the word "overridden", that you didn't think that you had used that word. Do you recall giving that evidence?
 - A. Yes.
- Q. I take it you do recall testifying at the preliminary hearing, Mrs. Radojewski?



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A. Yes.

Q. Perhaps your counsel can give you a copy of Volume 3 of your evidence, starting at page 472. Do you have a copy there, sir?

THE COMMISSIONER: 471?

MS. CRONK: 472.

Q. Mrs. Radojewski, there is a portion of your evidence starting at page 472 which I am interested in, continuing over to page 473. It is rather long and I intend to review it with you in some detail.

Starting at about line 21 on that page 472. Do you have that?

Yes.

The question speaks for itself.

"Were you aware of any problems with

respect for Miss Nelles as a nurse on

4A/4B?

- A. Um, I don't know. I find that difficult question to answer.
- Q. Well, I am sorry, why do you find it a difficult question to answer?
- A. Do you mean in regard to the staff?
- Q. Any problems?

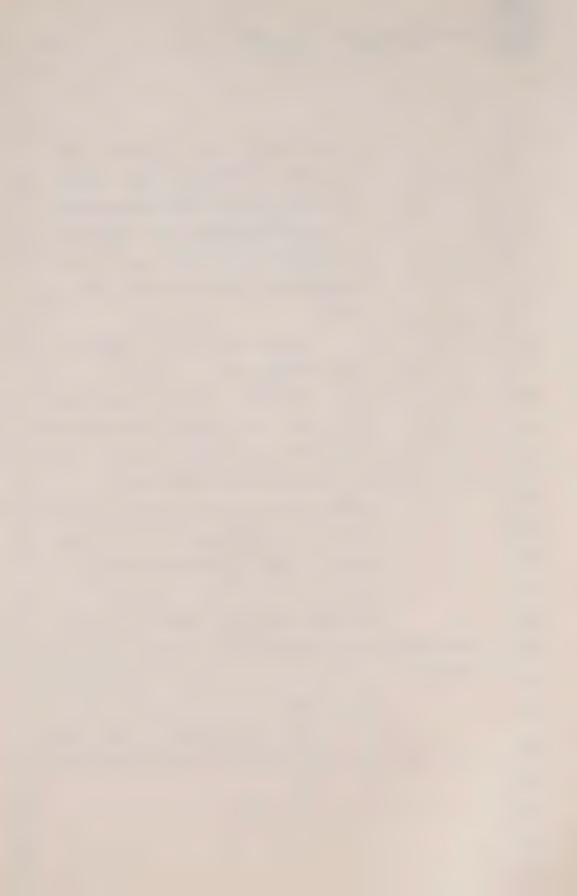


"I think she was sure of her abilities
as a nurse and perhaps offered her opinions
to the team leaders and in looking for
sort of confirmation of her assessment
of the patients and there may have been
some problems with conflict at that
time.

- Q. In what way? Can you expand on that a little bit?
- I'm sorry, I need to think that...
- That's all right, take your time.
- A. There may have been some conflict, as I said, with the team leader in assessing the acute nature of a patient's status and that might have been a time when you could say there were some problems."

Stopping there for a moment, do you recall being asked those questions and giving those answers?

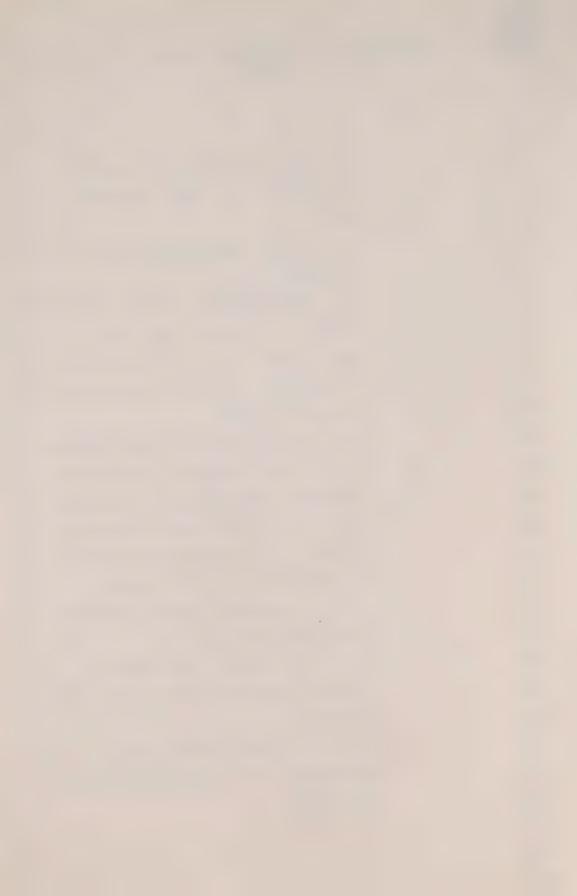
- A. Yes.
- Q. Were your answers, as given under oath at the preliminary hearing in that context true?
 - A. Yes.
 - Q. Continuing on:



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- A. I can't remember the word I said after acute.
- Q. Acute nature of the patient's status? I'm just not sure what you mean by that. What type of a problem in assessing the acute nature of the patient's status?
- A. I think Miss Nelles was confident of her basic knowledge of paediatric cardiology and perhaps felt sometimes that we, the team leader was reacting a bit, a bit of over-reacting as to the nature of the child's status.
- Q. And could you give us a specific incident of that type?
- A. I don't think I can recall a specific incident, to give you a time or names.
- Q. Did you ever speak to Miss
 Nelles about the problem that you've
 described?
- A. Yes.





yes.

пQ.	And	can	you	tel	l us	abo	ut -	was
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A. I believe so."

Once again, Mrs. Radojewski, stopping there, do you recall being asked those questions and giving those answers at the preliminary hearing?

A. Yes.

Were they true at that time to the best of your ability and belief?

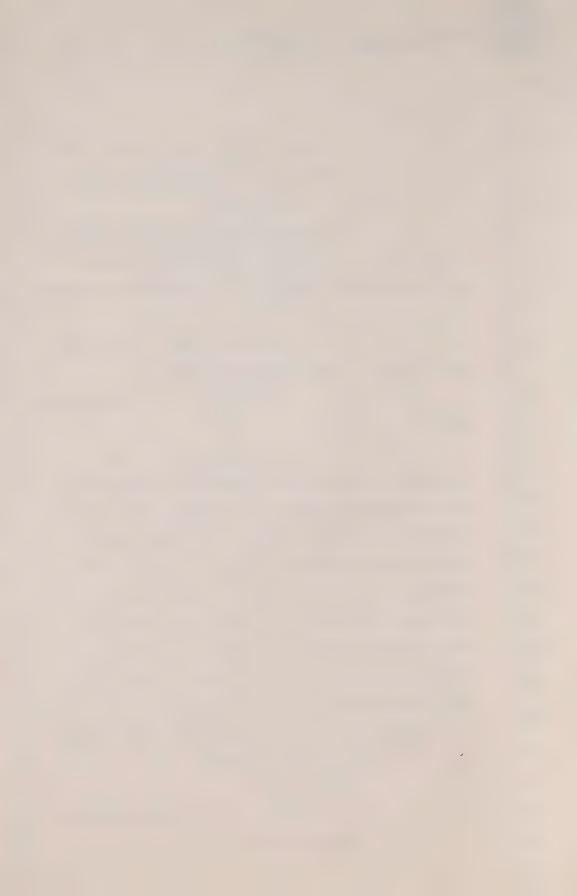
A. To the best of my recollection,

Q. I suggest to you, Mrs.

Radojewski, that when you testified under oath at the preliminary hearing you did not confine your description of the problem or the disagreement between Susan Nelles and Phyllis Trayner to one occasion involving the calling of a Code 25. You, in fact, said, as we have seen, that Miss Nelles felt sometimes that Phyllis Trayner was over-reacting to a patient's condition and you were required to speak to Miss Nelles about it, not once, but on more than one occasion. Isn't that correct? That is what you said?

A. Yes.

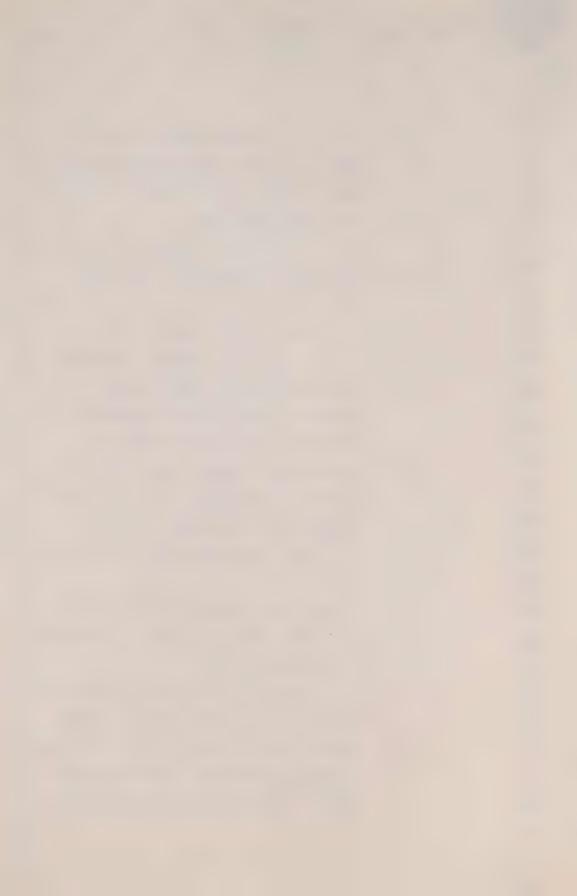
Q. "Q. Can you describe those conversations?



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- "A. I can't really recall all of them. I believe one of them did take place around the time of her evaluation as a registered nurse.
- Q. All right. Can you tell us about that conversation? What was said?
- A. I can't really recall, I'm sorry. Q. So, you - am I correct in saying that you discussed this problem with respect to Miss Nelles' assignment of the acute nature of the status of patients and the fact that the team leader was over-reacting, but you can't remember what was said?
- A. I can't remember exactly what was said, no.
- Q. Can you remember generally what was said? Could you give us a synopsis of the discussion?
- A. I believe at that time we got into a discussion of what the team leader duties were and the fact that the team leader had, perhaps, more preparation and had leadership skills and that it





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"should be a sharing of two nurses assessing the condition of a patient and not, perhaps, one overriding the other and that's basically what I remember discussing, but the actual details I don't remember."

Do you recall being asked those questions and giving those answers, Mrs. Radojewski?

A. Yes.

 Ω . Do you recall at the time you gave the answers were they true to the best of your belief and knowledge at the time?

A. To the best of my recollection,

Q. When you gave those answers you, in fact, spoke of one nurse overriding the other in the context of discussing the problems that existed between Susan Nelles and Phyllis Trayner, isn't that correct? That is the language you used!

A. Yes, that is the word I used.

Q. That is the language that was attributed to you in the record kept with your discussion with Mr. McGee and Mr. Wiley?

A. Yes.



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1	1	
2	2	Q. Continuing on:
3	3	"Q. Do you recall what Miss Nelles'
4	4	attitude was towards this problem?
5	5	A. We had resolved that she would
5	5	try and work out her relationship with
7	7	her team leader and I, in turn, would
'	(speak with the team leader in the hopes
3	1	that the two of them could come to some
)	0	arrangement that they worked more
)	t	together as a team.
	S	2. I don't want to belabour
,	t	this point but what, if anything, did
	M	Miss Nelles indicate to you, if only
	9	generally, regarding her attitude
	t	towards the team leader?
	A	In my opinion she perhaps felt
	t	that she was equally as qualified to
	b	e a team leader as the team leader
	s	the was working under."
	D	o you recall being asked those
	questions and g	iving those answers, Mrs. Radojewski?
	A	Yes.
	Q	. Were they true?

A.

Yes, to the best of my

recollection.
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Radojewski, now that you have had the benefit of reviewing your evidence from the preliminary hearing that by your own admission at that time there were problems between Phyllis Trayner and Susan Nelles of which you are aware that extended beyond the one disagreement you told us about at this Commission.

Isn't that so?

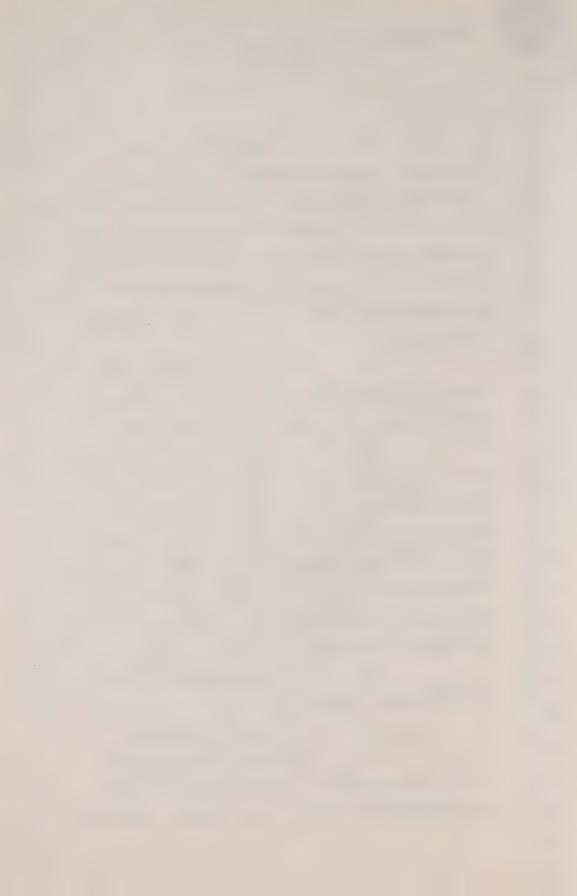
A. There were problems between Phyllis and Susan, however, there were problems between other team leaders and the other RN.

and I will come to that, but for the moment do I have it from you, on the basis of the evidence that you gave at the preliminary hearing, there were difficulties between Phyllis Trayner and Susan Nelles of which you are aware that extended beyond the one incident that you told us about at the Commission? Isn't that, in fact, the case?

A. I am having trouble with the term "extended beyond".

Q. It was more than once?

A. There were difficulties of a less serious nature. The one that I regarded and remembered the most was the incident involving



* *

Call 23 and 25.

We have your evidence from the preliminary hearing. There were problems, I suggest, expressed by other team members regarding Phyllis Trayner as well. Isn't that the case?

Yes.

You have told me, for example, during you wildence here that Joan McIntosh told you are the state feel that she could get along with Phyllis have due to personality differences and for that the on she preferred not to work with her.

Do you weight telling me that?

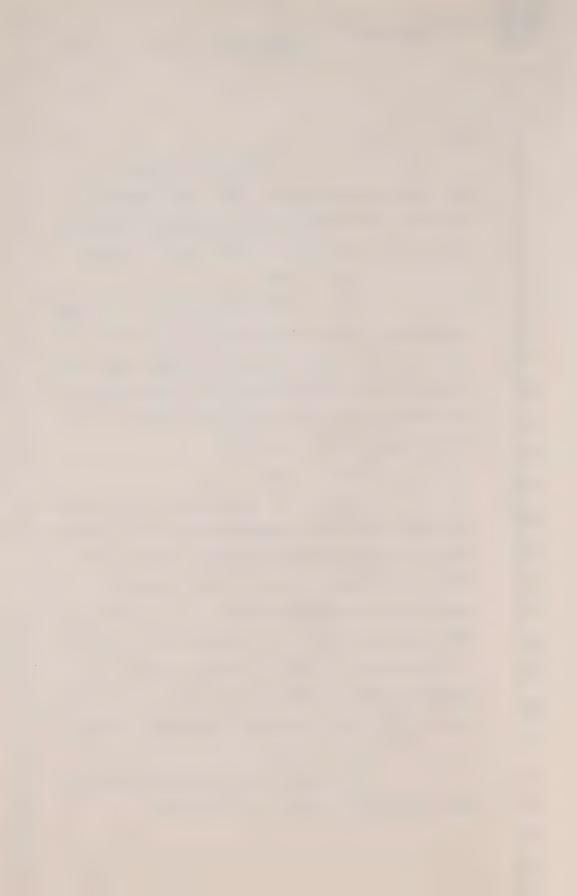
Yes.

Mr. Labow drew to your attention yesteria; during his cross-examination and discussion with you that when Bertha Bell and Mary Costello testified mir. Mrs. Costello told us about an incident in October and November of 1980 when Miss Bell expressed concern to her regarding working on a team parallel to Phyllis Trayner, because of Phyliss Trayner's behaviour regarding the arrest.

Do you recall that suggestion being made to you?

A. Yes.

MS. CRONK: Mr. Registrar, would you show the witness, please, Exhibit 309.



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	Ω.	I Wil	ll ask y	ou to	look a	t page
3, Mrs.	Radojewski.	These	are Mar	y Cost	ello's	notes
that ha	ve been filed	as an	exhibit	here	and ab	out
ch- dir	line down	do you	see the	sente	nce	
od (Lami)	"Follow-u	p, left	until	reques	ted."	

A. Yes.

Q. Continuing on in that line,

starting with:

"In. October". Do you see that?

Α. Yes.

0. Mrs. Costello's notes read

a 5.

"In October, while doing Bertha's evaluation, Bertha expressed concern and stress re working on team parallel to Phyllis, because ..."

I take it that is because of.

A. Yes.

"...Phyllis' behaviour re arrests and her expectations of everyone at this time, Bertha crying very hurting, discussed this with Liz. Liz, Carrol, Janet and I discussed the problem and Liz tried to deal with it through Phyllis' evaluation."



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You will see, Mrs. Radojewski, that both on the basis of her notes and her own evidence here, as I have suggested to you, that Mrs. Costello testified that she took these concerns expressed by Bertha Bell to you and that you, according to her recollection, were going to attempt to deal with the matter through Phyllis' evaluation.

Do you recall Mary Costello bringing to you concerns expressed by Bertha Bell regarding Phyllis Trayner's behaviour?

A. I don't specifically recall it, but I have no reason to doubt Mary Costello's recollection of it.

Q. No reason to disagree that it happened?

> No. A.

Q. Do you recall at any time speaking to Mrs. Bell about it personally?

I don't recall, I'm sorry.

We have also heard evidence here, Mrs. Radojewski, of Lynn Johnstone in a different context. This is found, Mr. Commissioner, at Volume 103, page 3483. I'm going to read a short portion to you, Mrs. Radojewski. This is during Mrs. Johnstone's discussion with Mr. Lamek, she was





asked to describe what she considered to be the abilities in her perception of the various team members. She spoke about Phyllis Trayner in that context and she said starting at page 3483:

> "She notified people at the appropriate times and kept you informed of what was happening on the ward. She -- at times I felt that she was overbearing in situations like trying to take over.

> At times I questioned her abilities as a leader because she would get so upset and she would get angry with people very quickly, and I questioned that because I felt if she couldn't set a calmer example for the people under her then there would be a problem there.

- Did you discuss those concerns with her?
- A. I think I talked to Liz about them once.
- O. I take it her head nurse would be the more appropriate person to raise concerns of that kind.

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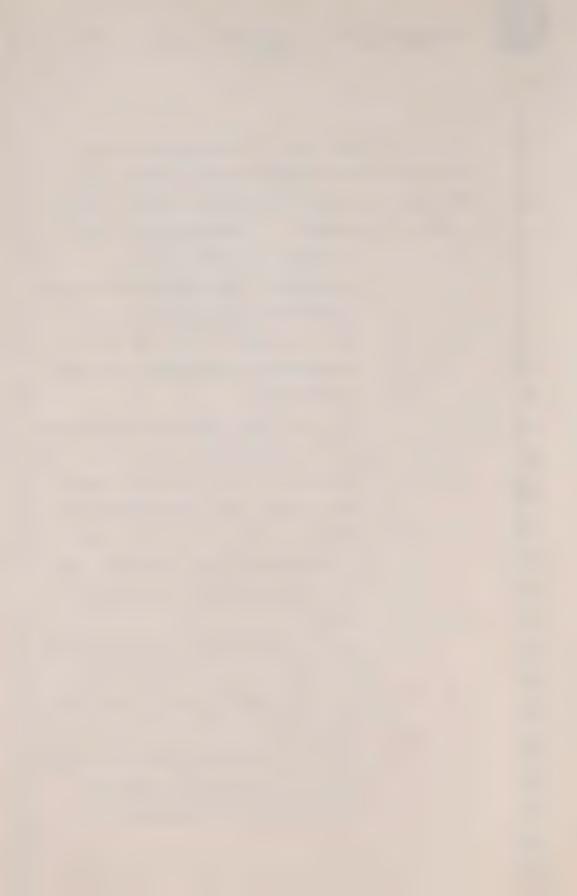
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"Yes."

And then the conversation continues with respect to Mrs. Trayner.

Do you recall Mrs. Johnstone coming to you at any point, quite apart from Mrs. Costello and Miss McIntosh and suggesting to you that there was a problem from her perspective or a concern from her perspective, regarding the behaviour of Phyllis Trayner, in situations of the kind that she has described. Do you recall that taking place?

A. I don't recall that, I am sorry.

Do you recall it ever being suggested to you by Mrs. Johnstone or anyone else that Phyllis Trayner appeared on occasion to be trying to take over responsibilities on the ward that perhaps were properly assigned to someone else? Do you recall that suggestion ever being made to you?

A. I don't recall that suggestion.

Q. You don't recall the discussion with Mrs. Johnstone?

A. No.

Q. Were you at any point told, Mrs. Radojewski, that Phyllis Trayner's way of coping with





the deaths on the wards was to talk about them to an extent that perhaps troubled the other nurses? Were you ever told that by anyone?

A. I can remember having that impression. I don't remember anyone specifically comes with that.

Did you, yourself, observe that Mrs. Trayner talked about the arrests that had he wards with a frequency that -- very file on you, yourself, observe that? I don't recall.





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Do you recall meeting with Commission counsel on February 21st of this year to prepare and discuss your evidence that was to be given before this Commission?

> Α. Yes.

And do you recall Ms. McIntyre, Fineberg and myself being in attendance at that meeting?

> Α. Yes.

Do you recall telling me at that time that you personally observed that Phyllis Trayner talked about the arrests on the wards in a way that you described as incessantly?

> Α. Yes.

Q. All right. Could you turn please to exhibit 373. Mr. Registrar, that is Ms. Trayner's evaluation in November of 1980.

Do you have that, Mrs. Radojewski?

A. Yes, I do.

You will recall that this was marked as an exhibit yesterday by Ms. Foster and I draw your attention first to page 6 of this evaluation. It was pointed out I believe by Mr. Young at some point yesterday -- do you see Item 10 on page 6?



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Item 10 is described as "Functions as a member of the health care team". Do you see that?

A. Yes.

And I take it that the form is set up in such a way, or at least it is designed in such a way that you as the head nurse evaluating the particular registered nurse under your supervision were intended to comment upon that particular nurse's ability to function as a member of the health care team on the ward; is that fair?

> Α. Yes.

0. All right. And your comment at this time in November 1980 with respect to Mrs. Trayner was that there were:

> "Problems with interpersonal skills have been mentioned by peers and team members in regard to critical situations and the decision making process."

That is what you recorded?

Yes. Α.

All right. Could I ask you to turn please to page 1. I suggest to you that the language of your commentary at page 6 of the evaluation



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suggests that on more than one occasion you were made aware of a problem that was deemed or considered to be significant both by Mrs. Trayner's team members and by her peers, otherwise that remark would not have been recorded; isn't that fair?

- A. That's fair, yes.
- Q. All right. And although you may not have regarded the problems as being significant, they were significant enough in your mind to merit mention on her evaluation in November of 1980 were they not
 - A. Yes.
- Q. And if you look now to page 1 in and ing at the the areas requiring improvements, number 1 reads:

"Maturity and professionalism in handling critical situations and her own feelings about these situations."

Do you see that?

- A. Yes.
- Q. All right. Did that in fact allude, Mrs. Radojewski, to Phyllis Trayner's behavior in talking about the arrests that were occurring on the wards?
 - A. It may have, I can't recall.



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Q. Do you recall what you were referring to when you wrote that?

A. No, I don't. It is an overall,

2. All right. Could you look at , please -- I'm sorry, Item No. 3 and Other Suggested Areas for Improvement: "Calmness in critical situations and more trust in team members' performance ability to accept input from team members in decision making process."

Yes.

Q. Do those comments allude, Mrs.

the difficulties in assessing the and a patient's condition that had Susan Nelles and Phyllis Trayner as the preliminary hearing?

Could you repeat that, please?

Yes. Do those comments allude to or refer to the difficulties in assessing patients that had arisen between Susan Nelles and Phyllis Trayner and that you described at the preliminary hearing?

A. Yes.





Q. We have heard from Carol
Browne when she gave evidence here, Mrs.
Radojewski, that it was her perception and her
understanding that one of the difficulties as between
Susan Nelles and Phyllis Trayner were problems in
the sense of trusting one another. That is exactly
tind of problem that you have referred to in
Item No. 3 on your evaluation, isn't that correct?

A. Yes.

O. We have also heard from Carol Browne that one of the other problems between the two, as she understood it, arose in terms of delegating authority in duties. I suggest that that is the kind of thing that is covered by Item No. 4 in your evaluation, isn't that so?

A. Yes.

Q. All right. Do you recall at any time speaking to Carol Browne about the perception that she had of the difficulties on that team and specifically between those two team members?

A. It is very likely I did speak with Carol Browne, I just can't recall specifically.

Q. All right. Would you agree with me that this evaluation which you have described as being overall a positive one of Mrs.Trayner, as I



:

recall your evidence.

A. Yes.

Q. This evaluation in many respects deals with problems that in all probability had been raised with you with respect to Phyllis Trayner's behavior in her inneraction with other members of her including Susan Nelles, isn't that fair?

Would you repeat the first part of that, please?

You have told us that overall you think this evaluation was a positive one of Mrs.

Trayner and I am suggesting to you that it deals as well and reflects specifically problems that had surfaced between Mrs. Trayner and her fellow team member to luding Susan Nelles, problems that you were made aware of and that you felt were significant enough to be dealt with in this evaluation, isn't that so?

A. Yes, they were dealt with in the evaluation but overall it was still a fairly good evaluation.

Q. I understand your assessment

Of her. You were asked, Mrs. Radojewski, by Ms.

McIntyre whether you felt that the Trayner team had
any more unhappiness, as she put it, or differences





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than the other teams on the unit; do you recall being asked that?

> Α. Yes.

Her answer, and this is found, sir, at Volume 113 at page 5518 was as follows, and I am quoting:

> Except for that one incident I don't feel that their differences or unhappiness was unique to that team, no."

Do you recall giving that answer?

Α. Yes.

During this nine month period, Mrs. Radojewski, that is, from the beginning of July, 1980 to the end of March, 1981, were you made aware of any complaints or concerns regarding the behavior of any Ward 4A team leader other than Phyllis Trayner?

A. I don't recall specifically in that nine month period.

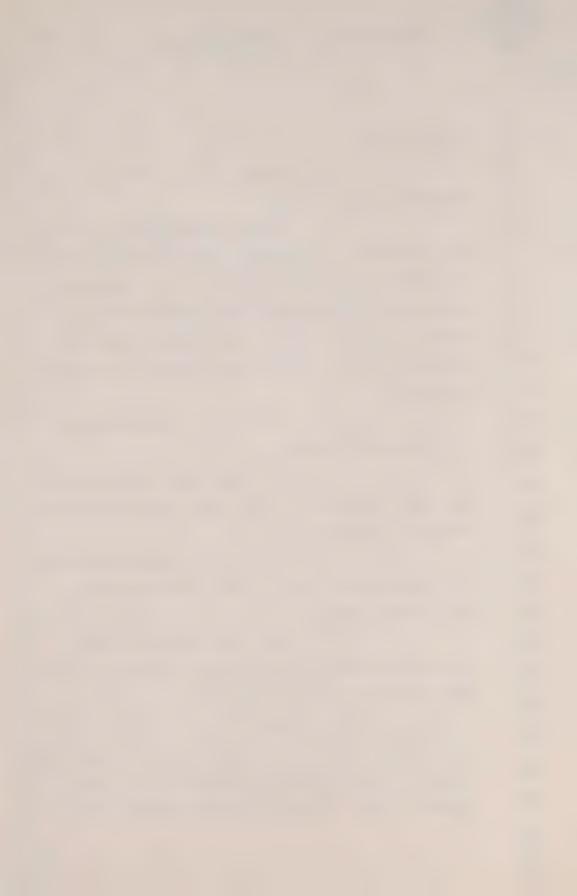
O. All right. During that nine month period, Mrs. Radojewski, again, July 1980 to March, 1981, were you made aware of any disagreements between any two nurses on 4A other than Phyllis Trayner and Susan Nelles of the kind that you have described at the preliminary hearing and here existed



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between them?

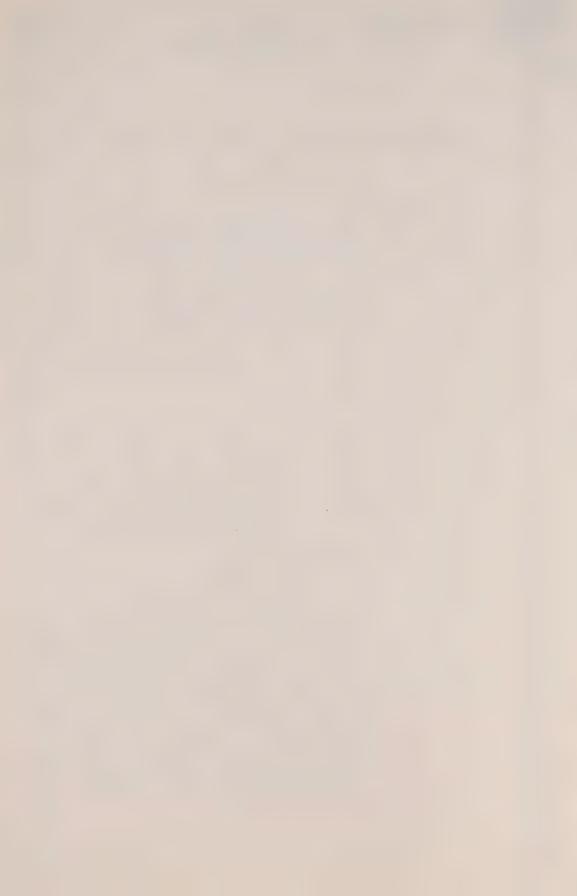
- A. Again, it is difficult to recall in that specific period.
- Q. Well, I am suggesting to you, Mrs. Radojewski, that during that nine month period the difficulties that had arisen on that team and the difficulties that had arisen between Phyllis Trayner and Susan Nelles could fairly be described as unique during that nine month period, isn't that in fact so?
- A. I find it difficult to agree with the word, "unique".
- Q. All right. Well, do you recall any other situation that was comparable during that nine month period?
- A. During that nine month period, no, but certainly prior to that in my experience with nursing staff.
- Q. All right, and during that nine month period you don't recall any other situation that was similar, is that correct?
 - A. Yes.
- Q. All right. You will recall that you were asked a number of questions by Ms. McIntyre concerning the perception that Phyllis Trayner's



nursing team was jinxed. Do you recall that?

- A. Yes.
- Q. I would like to read to you one particular passage in Volume 113, page 5520.

 You were asked this question, Mrs. Radojewski:
 - "Q. So, I take it that from your evidence that you attributed the fact that a lot of the deaths were occurring with that one nursing team to be bad luck or a jinx?
 - A. Yes.
 - Ω . Is that the first time in your nursing career that you have heard of such a thing, one team being jinxed?
 - A. I am having trouble with the term one team.
 - Q. Or one nurse.
 - A. Thank you. The team system, as it was then, was a very new phenomenon but in my experience it has been known that there are nurses who have arrests on their shift and there are nurses who can go through the majority of their whole career and not meet up with arrests or deaths."



Radojewski re. ex. (Cronk)

Do you recall giving that answer?

A. Yes.

 Ω . Had you ever before in your nursing career, Mrs. Radojewski, been exposed to so many deaths occurring within a nine month period on a ward in the hospital, or in any hospital that you worked at?



A. Could	you	repeat	that,	please:
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Q. Yes. At any time in your nursing career had you ever before been exposed to so many deaths, remember there were 36 on these wards in a nine month period, ever before been exposed to so many deaths in a nine month period on two wards in a hospital, wherever you worked? That was very unusual, wasn't it?

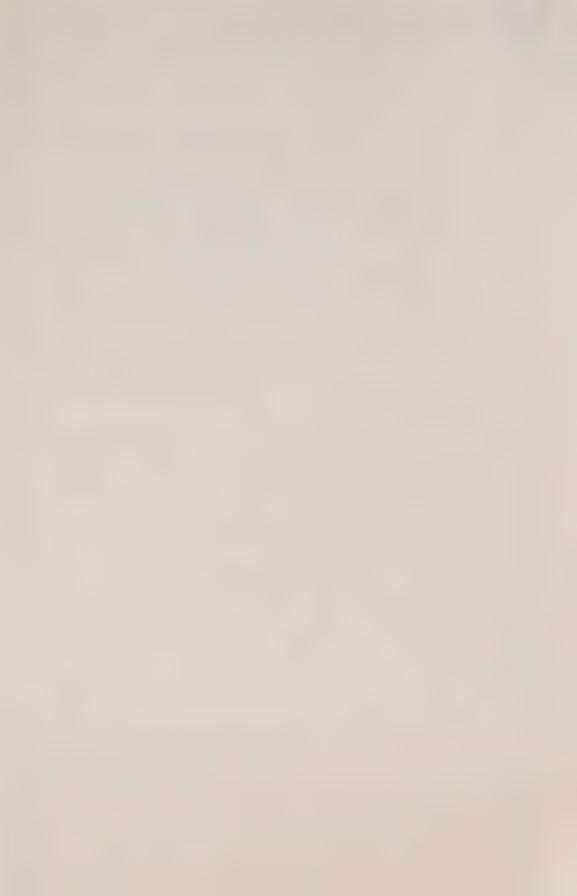
A. I can't recall. I know we had a significant number of deaths as well on 5A but they were not all on the ward.

Q. Well, did you at any time during that nine month period regard the number of deaths that were happening on Wards 4A and 4B as comparable to the experience that you had had on the cardiology unit before April of 1980?

I am suggesting to you rather simply,
Mrs. Radojewski, that the number of deaths on 4A and
4B was of and in intself something that was unusual
in your experience, isn't that so?

A. It was unusual in that it was all on the ward.

Q. And the numbers of deaths, the pure number, all right, was indeed much higher than you had experienced previously, isn't that so?



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- Q. Mrs. Radojewski, you certainly were concerned about these deaths. You were concerned you have told us about the stress that these nurses were feeling in the fall of 1980, isn't that right?
 - A. Yes.
- Ω_{\star} And you were very concerned that there seemed to be a perception that one team was jinxed and that many of these deaths were occurring when they were on duty, isn't that so?
 - A. Yes.
- Q. All right. Had you ever before in your nursing career known of a situation where one nursing team was associated with so many on ward deaths?
- A. Again, the problem is just with the word nursing team, but no.
 - Q. That was unusual, was it not?
 - A. Yes.
- Q. All right. And the feeling that this particular team was jinxed and the association of that team with the deaths that were occurring on those wards was very unusual in your experience, was it not?



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- Α. In retrospect, it was unusual.
- All right. You spoke as well 0. with Ms. McIntyre and with others about the mortality meeting that took place on January 12, 1981, do you recall that?
 - .A. Yes.
- All right. And it was suggested to you by Ms. McIntyre that there were a number of factors that were discussed at that meeting which were thought to be perhaps contributing causes to the deaths that had been taking place on the wards. Do you recall that?
 - Α. Yes.
- All right. And one of the matters discussed and one of the contributing causes that were at least under discussion was the potentially premature discharge of patients from the Intensive Care Unit, do you recall that?
 - Α. Yes.
- And the next one was the implications of a backlog in the operating room. Do you remember that?
 - A. Yes.
- The next one was the potential for a need to re-operate on an earlier occasion. Do



you recall that?

A. Yes.

Q. And then there was as well the suggestion that the adequacy of the resident coverage should be discussed, that there might be some problem there weren't enough residents, do you recall that?

A. Yes.

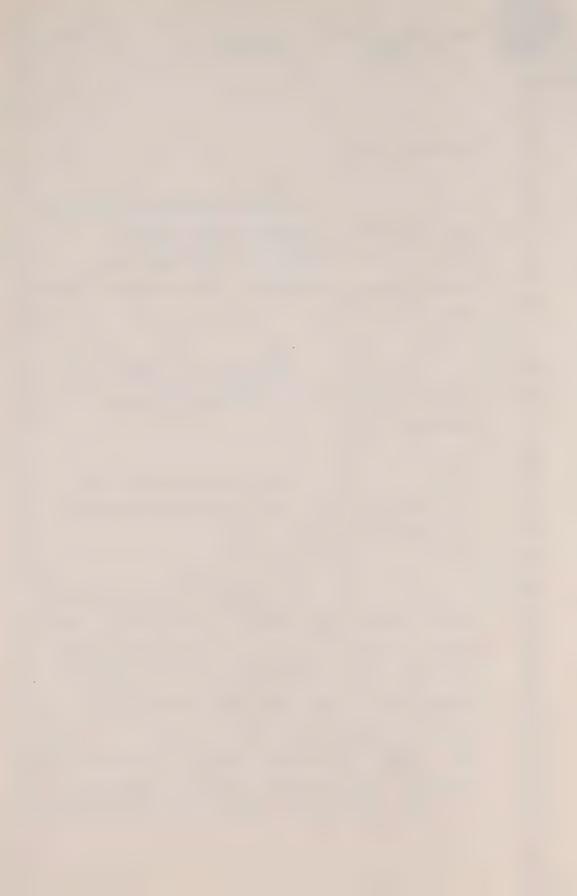
Q. And there was discussion as well of the need for an intermediate intensive care unit.

A. Yes.

 Ω . Those were the factors that were discussed at that meeting and were reviewed by Ms. McIntyre with you?

A. Yes.

when this meeting took place, Mrs. Radojewski, there had been 23 deaths on those wards over the period July, 1980 through to mid-January. Would you agree with me that if these deaths were caused by the lack of an intermediate intensive care unit, by lack of operating room space, by lack of sufficient residents, by a failure to reoperate on an earlier occasion, that none of those factors would



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explain why the deaths were occurring predominantly on a long night shift in the presence of one nursing team. None of those factors would address those issues, would they?

A. No.

 Ω_{\star} All right. Those questions still had to be answered.

A. Yes.

Ω. All right. You recall perhaps being asked by Ms. McIntyre as well whether on a routine basis you as Ward 4A's head nurse would have met with physicians on Ward 4A and 4B to discuss individual deaths. Do you recall that?

A. I am sorry, could you repeat the question?

 Ω . I'm sorry, I lost my voice in the middle of it, too, which I am sure didn't make it easier.

Do you recall being asked by Ms.

McIntyre whether on a routine basis you as Ward 4A's head nurse would have met with the physicians on those wards to discuss individual deaths? Do you remember being asked that?

- A. Something similar to that, yes.
- Q. All right, and you told her no.

You don't remember that?





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Just to help you with that Mrs.

Radojewski, Volume 113 at page 5451, I will show it to you, and you were asked this question starting at line 6:

> "O. Other than the September meetings with Dr. Rowe, would you have attended any other meetings to discuss the deaths with the physicians? On a routine basis would you have met with the doctors to discuss the individual deaths?

A. No."

Do you recall being asked that question and giving that answer?

> Α. Yes.

It came up again this morning, Ms. McIntyre spoke to you about meetings that were held on the wards. Mr. Roland spoke to you about meetings that were held on the wards. I would like to explore it with you further a bit, if I may.

We know from prior evidence that there were morning cardiology conferences on the ward beginning at 8:30 a.m. Dr. Rowe has told us that these were attended by some of the nurses on the ward, and I take it that you as head nurse on Ward 4A





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were free to attend those meetings if you wished to do so, is that correct?

- A. Yes.
- 0. And on occasion did you do so?
- I don't recall that I did.
- 0. Do you recall one way or the other, is it possible that you did?
 - I don't believe I did.
- And those conferences, we have heard from Dr. Rowe, took place every day from Monday to Friday, and one of the purposes was to have included in the discussion at the conference an analysis of the cause of death if any patient had died on the ward the night before or the day before. So I take it that if that was the purpose of the meetings, as has been suggested by Dr. Rowe, at least in part, there were other matters discussed at the meetings, that any nurses who attended could have observed and listened to that discussion and participated in it if they had any questions concerning the death of a patient on the wards, isn't that so?
- I don't know that she would have A. felt free to participate, but certainly listen, yes.
 - They were certainly free to



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attend those meetings, and we have heard from Dr. Rowe that some did, although you don't recall doing so personally?

A. Yes.

Q. We have also heard about cardiac pathology conferences that Dr. Rowe told us were held from time to time; this, sir, is found in Volume 20 of Dr. Rowe's evidence. He has told us that there were four in 1980, did any of the nurses from Ward 4A or 4B to the best of your knowledge attend any of those cardiac pathology conferences?

A. Not that I recall.

Q. Did you?

A. No.

Q. We have also heard from Dr. Rowe about-something called Surgical Pathology Conferences, held by the Surgical Division, did any of the cardiology nurses attend those meetings insofar as you were aware?

A. I don't know.

Q. Did you?

A. Not that I recall.

Q. Now, in addition to the conferences that were held on the wards in these other areas of the hospital, there are a number of



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daily rounds we have heard conducted with physicians in which you participated, is that correct?

A. Yes.

Q. For example, first thing in the morning you told us on Ward 4A, when you were on during the day shift there were rounds with the residents, correct?

A. Yes.

Q. And you go on those rounds with your team leader, that was part of your duty as head nurse, do I have that correctly?

A. Yes.

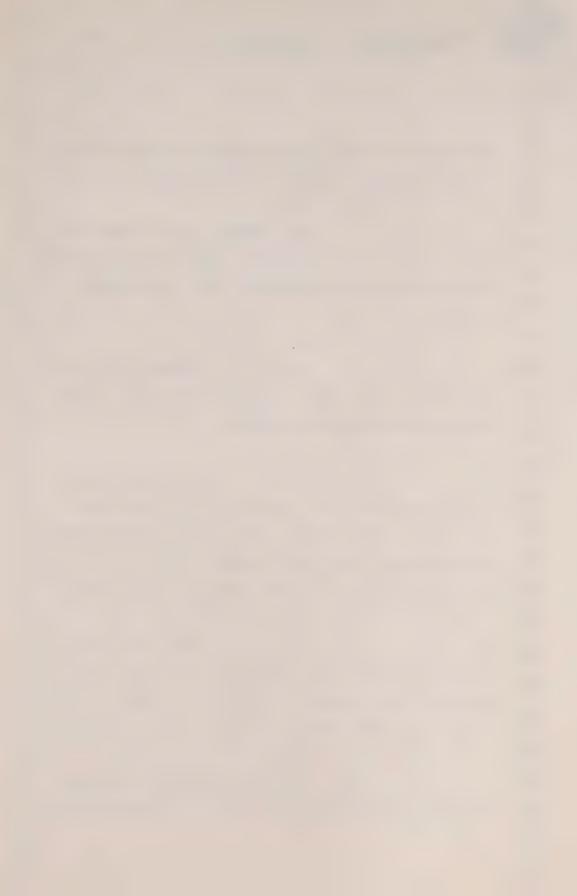
Q. I take it that if there was a matter concerning you with respect to a particular patient, or a patient who died the day or night before, you would have been free to raise that matter with the residents on rounds that morning, is that fair?

A. Yes.

Q. We have also heard that if a staff cardiologist attended on the ward throughout the day, you as head nurse would be obliged, or at least would make rounds with that doctor as well?

A. Yes.

Q. And again if you had concerns regarding the death of a particular patient that would



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be an opportunity for you to raise it with the staff cardiologist on that unit, is that fair?

> Yes. A.

0. And we have heard there were three special mortality meetings held, two in September, one in January, that we talked about, and you have told us that you attended all of those?

> Α. Yes.

And as well you have told us about a number of meetings amongst the nurses on your ward where those deaths were discussed?

> Α. Yes.

I am going to turn to another matter. You have told us and told Ms. McIntyre as I understood it, that not all patients who were critically ill would necessarily be on constant or shared nursing care, do you recall saying that?

> Yes. Α.

I take it you are not suggesting 0. that when a patient was critically ill that intensive or stepped up monitoring would not be undertaken on the wards, that would be done, would it not?

> Yes, it would. Α.

Whether or not there was a 0. formal order in place for constant nursing care or



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shared nursing care?

A. Yes.

0. And when we come to deal with the tour end reports, I would like your assistance on this as head nurse from 4A. As I understand it, they were specifically designed to keep nursing supervisors informed as to who the seriously ill patients were on those wards from time to time, is that one of the specific purposes of those reports?

One of the purposes, yes.

And it was intended that if a particular patient at any time on those wards was regarded as being seriously or critically ill, that mention of that would be made in the tour end report to ensure that it came to the attention of the nursing supervisor, is that fair?

> Α. That's fair.

0. Can we agree that in your experience as the head nurse on those wards, that the fact that a child is on constant nursing care, or shared nursing care, is a good indicator as to the gravity of the child's condition; we can look to that as some bench mark for the child's condition, would that be appropriate in your judgment for us to do?

Yes.





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0. And as well would it be appropriate in your judgment and your experience for us to look to the frequency with which vital signs are taken as an indicator of the gravity of the child's condition? What I mean by that is if vital signs were ordered every half hour, or every hour, rather than every three or four hours, would that in your judgment be a reliable indicator that we can look to as to the gravity of the child's condition?

A. Not always, no.

Would there be situations where vital signs would be ordered with frequency of every half hour, or every hour when the child is not in some degree of significant risk?

A. It was routine after a child returned from cardiac catheterization, we had a routine for the frequency of vital signs.

What, every 15 minutes?

Every 15 minutes for the first Α. hour, and every half hour for the next four.

And why was that done?

A. It was a tool for assessing how a patient had gone through the cardiac catheterization. If they were going to develop any problems, by doing the vital signs you may be more





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aware of them earlier.

Q. You have suggested, and I apologize, I can't remember to which Counsel, that a cardiac catheterization procedure for a patient or an infant already sick was indeed a risky procedure, there were risks attached to it, is that correct?

A. Yes.

Q. And because that was the case, when a child came back from cardiac catheterization, or from the cath. lab, I take it closer observation was considered desirable because the child might react adversely to that procedure, is that fair?

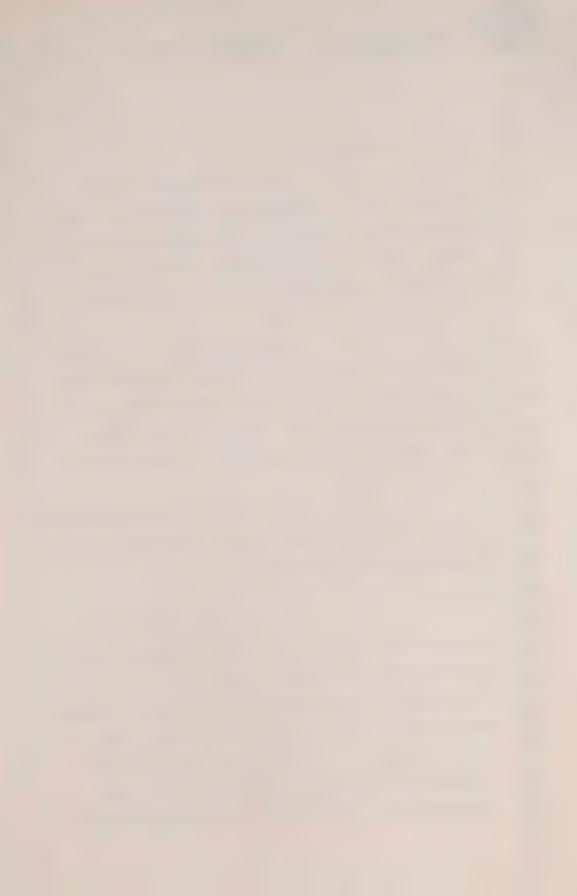
A. Yes.

Q. That would be a reason then that the vital signs would be ordered, as you have told us, with that degree of frequency?

A. Yes.

Q. Can you think of any other situation where vital signs would be ordered to be taken, or would be taken, as a matter of practice by the nurses on the wards with that degree of frequency when a child was not considered to be very sick?

A. The children with arrhythmia problems would have their heart rate taken very frequently, and children with pacemaker problems as





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well.

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0. We have had it suggested to us, Mrs. Radojewski, by at least one physician who has testified, that it was not his custom to direct or to request constant nursing care using that phrase; but rather what he testified that he did was that he would request vital signs to be taken frequently, that was his way, he said, of indicating that he thought a particular patient required close observation. that a practice amongst physicians with which you were familiar on those wards?

I can't recall, I am sorry.

MS. CRONK: Thank you. Mr. Commissioner, I have one further area to explore with Mrs. Radojewski I note Mr. Shanahan is here. I can tell you that I will be another 15 minutes to complete my reexamination. I would be prepared to step down now and allow Mr. Shanahan to go ahead.

THE COMMISSIONER: Well, there is an offer Mr. Shanahan.

MR. SHANAHAN: Thank you very much, Mr. Commissioner.

MS. CRONK: Do you wish, having regard to the fact that I will be at least another 15 minutes to take our break now?



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THE COMMISSIONER: I don't know how long Mr. Shanahan will be, but it is 11 o'clock, is it? I think, it is 11:15 under the new system that we take our break?

MS. CRONK: Well, sir, it has changed when we start at 9:30.

THE COMMISSIONER: I think that's right, these changes are becoming too much for me. I think we will break off now for 20 minutes and then we will have Mr. Shanahan and then we will continue.

MS. CRONK: Thank you, sir.

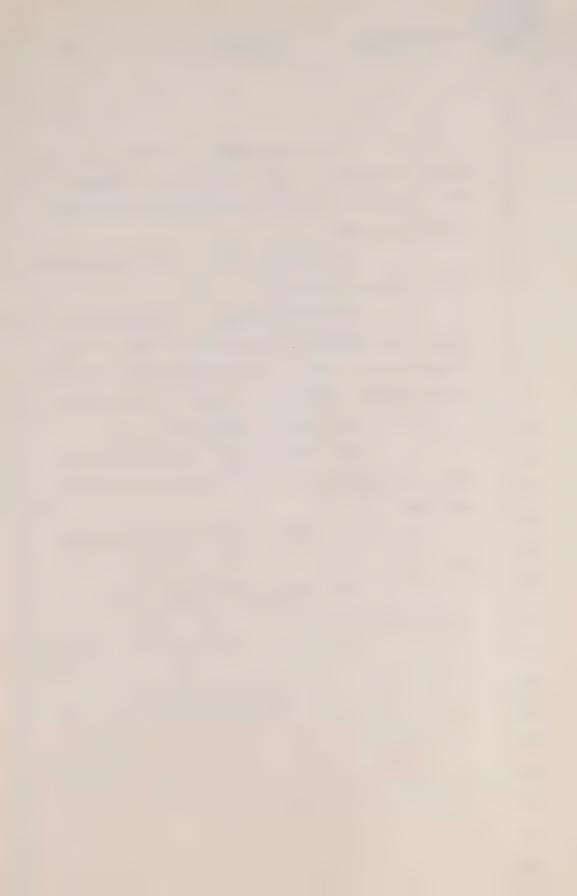
THE COMMISSIONER: We probably will have to go back to Ms. McIntyre before we continue with you.

MS. CRONK: That may be, thank you,

THE COMMISSIONER: All right.

-- Short recess

sir.



RD.jc

--- On resuming:

THE COMMISSIONER: Yes, Mr. Shanahan.

MR. SHANAHAN: Right, sir; thank you.

CROSS-EXAMINATION BY MR. SHANAHAN:

O Mrs. Radojewski, my name is Shanahan and I act on behalf of the parents of the Dawson and Lombardo children. I won't be very long with you here. A lot of what I am going to refer you to will be contained actually in evidence that you gave one morning and if you were to have in front of you Volume 111, the references that I will be making are short and quick and you have them there. I am sure it would assist you.

I have summarized it myself and I have written down quotations. If, at any time, you feel -- they are very short -- but if you feel that if you need to be located I will locate you.

With respect to Amber Dawson first, and your whole evidence with respect to her starts on page 5026 of that volume. First of all, could I put to you that it was known to you, then, that Amber Dawson was an 11 month old baby girl who had been in the Hospital prior to the time of her death for about five days. Are you roughly aware of that situation?

- A. When I reviewed the chart, yes.
- Q. All right. I took it from your

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evidence that you had a specific recollection of her and, indeed, had specific recollection of her mother?

Yes.

Did you know, as well, or learn when you reviewed the charts, that Amber Dawson had come back into the Hospital, not so much with any specific surgery in mind, but for sort of a catch-all reason for a failure to thrive and they were obviously going to reassess her situation?

Yes, I noted that when I reviewed the chart.

You knew, as well, she had been in the course of her lifetime in the Hospital there and had had, I think, two operations, and both had been judged reasonably successful?

> A. Yes.

Then she is on 4A and I think the team that Miss Cronk pointed out, the team that were in operation were Trayner, Nelles, Scott and Christie. Am I right there? I think you checked the WIN sheets and you wouldn't be giving anything away by telling us that?

> A. Yes.

Okay.

Now, I have here that some of the



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things you have said to Miss Cronk -- I am really just summarizing here. You said that she was not "in grave condition", you said she was not "in imminent risk of death". You felt she was relatively stable.

Would you agree now, as you look back, that that was the condition that you thought Amber Dawson was in the last day or two before her death?

> Α. Yes.

All right. As a result of that 0. you said that the nursing staff were "extremely upset" when you spoke to them about the death of Amber Dawson?

Yes, when they came to me.

All right. And Miss Cronk 0. correctly pointed out that you really weren't there the next day, but the extreme reaction that you got with respect to Amber Dawson is when you returned some three or four days after her death, when you returned on July 31st, so what struck me, ma'am, that degree of upset and concern is still present on the ward, some three or four days after Amber Dawson's death, obviously?

> A. Yes.

All right. And you did advise us the reasons why on page 5031 there. Why, in fact,



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they were upset. It starts, ma'am, around 8 with a question:

> "Do you recall now why they appeared to be, as you have suggested, extremely upset over Amber Dawson's death?

> "A. They were upset because they couldn't figure out why she had died, they were not getting an adequate explanation.

> "Q. Did any of the other nurses from Ward 4A/B raise similar concerns with you?

"A. Yes, it was a general feeling.

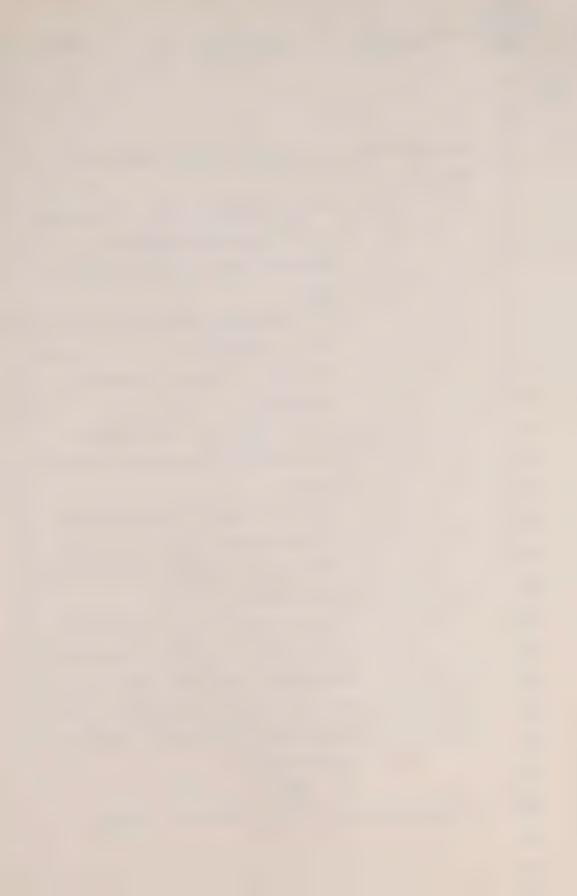
"Q. Were you at that time able to offer them any explanation as to why Amber had died?

"A. At that time, no.

"Q. I take it that on the basis of the concerns that they raised with you they regarded her death both as unexplained and unexpected given the circumstances?

"A. Yes."

So it seemed to be, not only they were extremely





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upset, but it seemed to be, as you put it there, a general concern?

A. Yes.

Q. And that I take it would be a general concern, not beyond that ward, but really the nurses on 4A and 4B?

A. I believe 4B was acquainted with Amber Dawson.

Q. That is what I was suggesting.

A. Yes.

And they, too, were concerned?

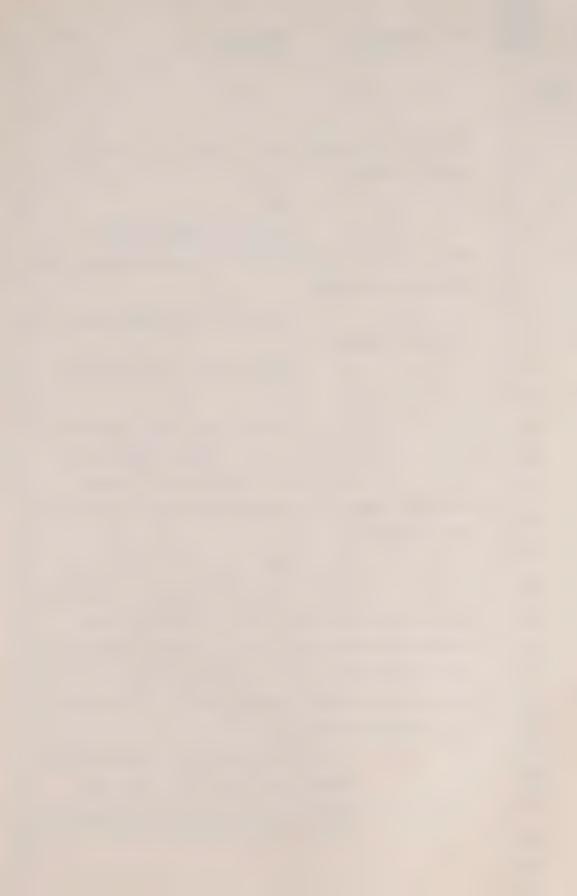
A. It was a general feeling, yes.

Q. All right, and that concern was evident when you returned some three or four days after her death?

A. Yes.

Q. Now then as well you indicated there was a doctor there and you approached him, Dr. Carlos Contreras and, in fact, you say that he, too, is concerned, and I think you get to that on page 5033 of that same volume, ma'am. The question is at the top of that page:

"Q Did Dr. Contreras insofar as you could judge the matter seem to be satisfied that there was an explanation for her death at that time?"



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You answer:

was upset.

"A. He seemed to be quite upset and he was very upset for the mother as well, that is what I recall.

"Q. Did he tell you why she died?

"A. I can't recall at this moment."

It appeared from the rest of the evidence right then and there in late July, July 31, he didn't have an

me. That seemed to be your evidence here that he

answer, but he, too, was upset. That is what struck

A. Yes.

Q All right. And upset I would say he was concerned, it seemed to be, as to why this child had died?

A. Concerned and concern for the mother, as well.

Q. The mother's name has been sort of filtered through here before. Could I ask you, ma'am, do you have an independent recollection as to you either directly dealing with her or hearing through others that the mother here was at Amber Dawson's death, concerned? I don't mean -- I don't know if you are familiar with that description of the Pacsai father pounding the walls. I don't suggest



(2)

that. I'm suggesting a concern that exemplified itself in a lot of direct hard questioning with nurses and doctors that were there at the time of her child's death. Did you experience that or even hear from other nurses that?

A. I don't recall if I heard it from other nurses. I know that was the feeling, the impression I was left with. I can't specifically recall.

All right. You can't recall the basis of why you feel that way or who might have conveyed it to you, but you do now, with the question being asked, agree that Mrs. Dawson, as you seem to recollect, that somebody conveyed to you had done a fair bit of, shall we say, questioning? The reason I am getting at here, and I am sorry to interrupt your train of thought. I am sure that any parent is concerned and upset at a sudden death and it obviously upset them. What I am suggesting to you here is there was, indeed, that normal concern of remorse, but that there was also on Mrs. Dawson's part, a questioning done of nurses and doctors that were in attendance. That is what I was getting at.

A. I don't recall being aware of the nursing aspect of it, but I can remember that she



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spoke with the doctors.

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0. Yes.

At some length I recall after A.

Amber's --

Q. Do you know the doctors?

I am sorry, I don't.

Q. All right. Now, you say that you spoke July 31st with Dr. Contreras and my friend referred you to the ward communications book and some entries that you have made there and it seemed that on the 31st there was not any results back and it was still this degree of uncertainty on your part and Dr. Contreras' part?

> A. Yes.

All right. Then around August 8th there is a post mortem result and I take it that is not the full autopsy result, but there is post mortem result and that there is this indication of an abscess on the diaphragm?

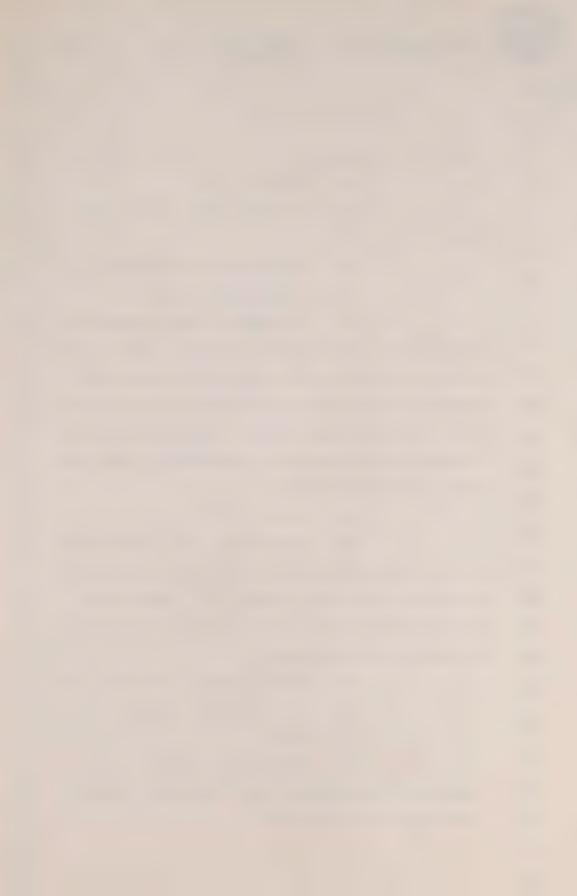
> A. That is what we were told, yes.

Dr. Contreras told you that? 0.

A. Yes.

All right. I take it you 0.

passed that on to those nurses that have expressed that upset to you earlier?



That is one thing that not concerned



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recall.

A. Yes, and wrote it in the communication book.

Q And wrote it in the communication book. All right.

me, but it struck me that it would seem here that anticipated cause of death in an infant cardiology ward, for you to get any degree of satisfaction or comfort out of that, would be a cause of death that might, indeed, relate to the anatomical problems the child had been in for on other occasions and to get back a verdict that the best we can give you is an abscess on the diaphragm, I would suggest to you that really had it been given much thought that a nurse may well say, well, I am still not satisfied, how did that cause that child's death in that manner? Did that cross your mind at all that an abscess on a diaphragm was really a very unsual cause of death on 4A and 4B?

A. It may have; I don't specifically

Q. It may have, but you don't

recall it now?

A. Yes.

Q We are a bit late in the game





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now. Even today, if I just put it to you, for whatever weight it has got -- I don't put the abscess on the same level as a hangnail, but if a cause of death came back that was really quite unrelated and remote to the heart problem the child was in, would it not now even today, if you were back up there and got that explanation about a child, cause you to maybe come back with another follow-up question or inquiry, as to that didn't seem to explain to me, Nurse Radojewski, why this child died?

I think I would have to know A. more information about the child's condition.

Indeed, you do. I mean,

relating it to Dawson you know that Dawson was stable. You knew that Dawson wasn't in grave condition and you knew that neither the tour ends nor her exhibits indicated any sort of downward turn in her condition, any deterioration, and seemed stable and was being assessed about her general condition. In that light, that kind of child, to be told she died of an abscess on the diaphragm, I am suggesting to you really then and in hindsight is not a satisfactory explanation for somebody as experienced as you?

I don't know how I can answer you, because I have a picture of Amber Dawson in my



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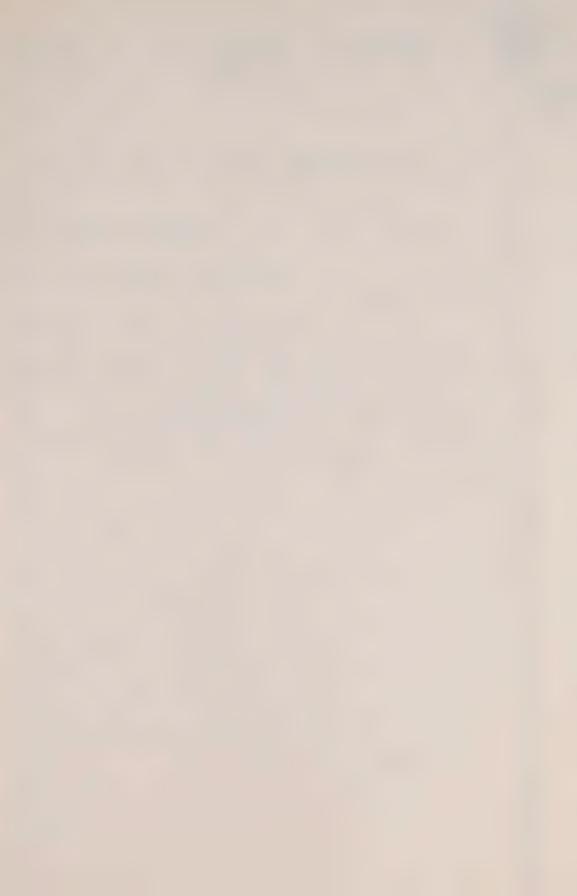
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mind and she was stable, but she was also a very ill baby.

0. Yes. You just want to leave it at that?

A. I just find it difficult to explain to you.

Q. All right. By August 8th you have been given this reason and you accept that reason, at least you did then, and I take it at the mortality meetings of the 5th of September and the 26th of September, as I gather, Dawson wasn't mentioned there? A. Yes.





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0. Moving ahead just a moment. You said to my friend that you didn't feel there was a conflict or you didn't know of a conflict at Dawson's bedside on the resuscitation attempts between any of the nurses, you didn't hear that or you don't recall that; am I right there?

I have no recollection.

0. All right. And yet ahead about a day later in your evidence with Mr. Hunt it seemed -Mr. Hunt being Counsel for the Attorney General over here - it seemed that you indicated to him there was a time that you pulled Nurses Trayner and Nelles up over some conflict that you finally thought was perhaps just a bit too much and you addressed them on that and you seemed to recollect it was one incident about a disagreement. Am I right there, do I have those two pieces of evidence right?

> Α. Yes.

All right. I don't know, were 0. you able to locate for Mr. Hunt what child you felt that disagreement was over?

A. No, I have no recollection of the child.

0. You don't. So, if I were to suggest to you that that indeed may well have been a



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disagreement and was a disagreement at the bedside of Amber Dawson, I take it your recollection being as it is, you just can't assist us?

A. I don't know.

Q. All right. Do you know, ma'am, whose decision it was to report Amber Dawson's death to the Coroner?

You know she was reported to the Coroner, you know that, do you?

A. Yes, by speaking with Dr.

Contreras.

Q. All right. Do you know who implemented that and got that under way?

A. I don't, I'm sorry.

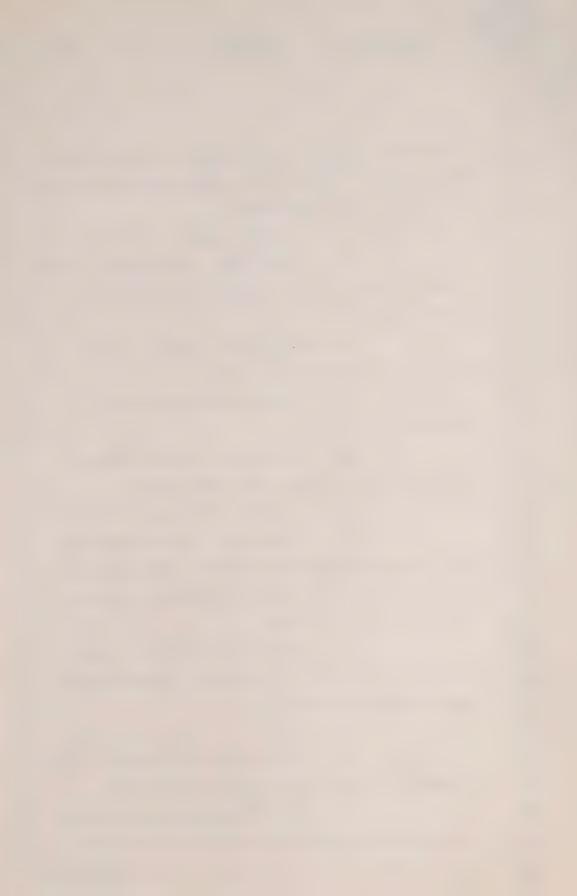
Q. You don't. Did you know then that it was reported to the Coroner, then being the next week or 10 days, did you realize the Coroner's Office had gotten involved?

A. When I read the note in the communication book in the note that I reported back what Dr. Contreras said.

Q. Yes?

A. That's all I can recall. I have no independent recollection back to that time.

Q. So, the only time you knew the Coroner was involved was as you looked them over in the last month or two with respect to your preparation



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for this Commission?

 $\hbox{A.} \qquad \hbox{I have no specific recollection}$ about the Coroner.

Q. Yes, okay. But no specific recollection at the time. You obviously know now?

A. Yes.

Q. By looking at her charts?

A. Yes.

Q. And I take it you looked at her charts the last month or two?

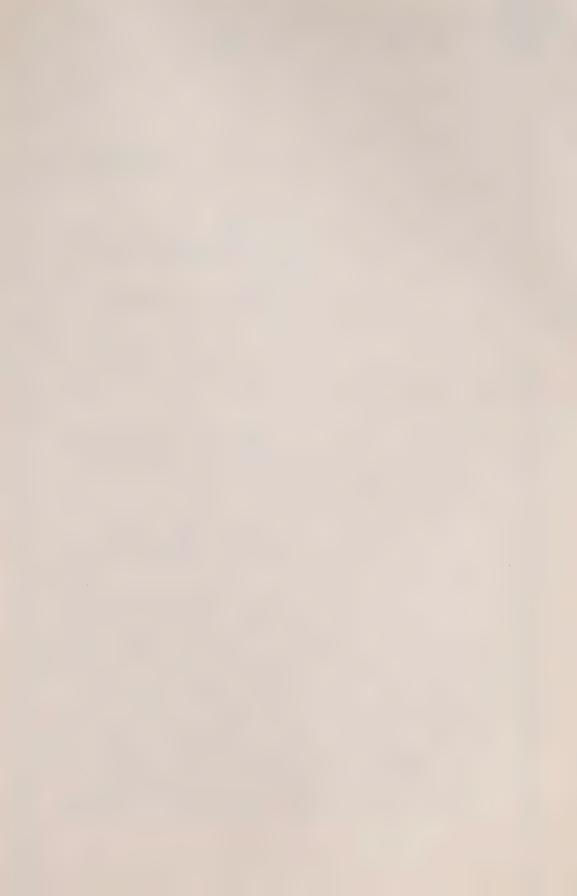
A. Yes.

Q. All right, but prior to that you didn't realize the Coroner was involved with respect to Amber Dawson?

A. I didn't remember that.

Q. You didn't remember that, all

I would suggest to you that had you known then or remembered then or been fresh in your mind that that too, the fact that the Coroner there in July, late July but early in our time period, this epidemic period, was called about a baby such as Dawson and as you have described her in the phraseology you have used, that too was another indication that someone somewhere, be it a doctor or



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a nurse, that there was an element of concern over Dawson's cause of death?

Yes, there was concern over her cause of death.

Q. Okay. Now, one final thing ma'am here. There is an exchange in the transcript, it starts at page 5043. Can you locate that?

The Commissioner, at line 13, trying to raise a question to you, and the Commissioner at line 14:

> "Well, we will revise the question then."

Do you have that located, Mrs. Radojewski?

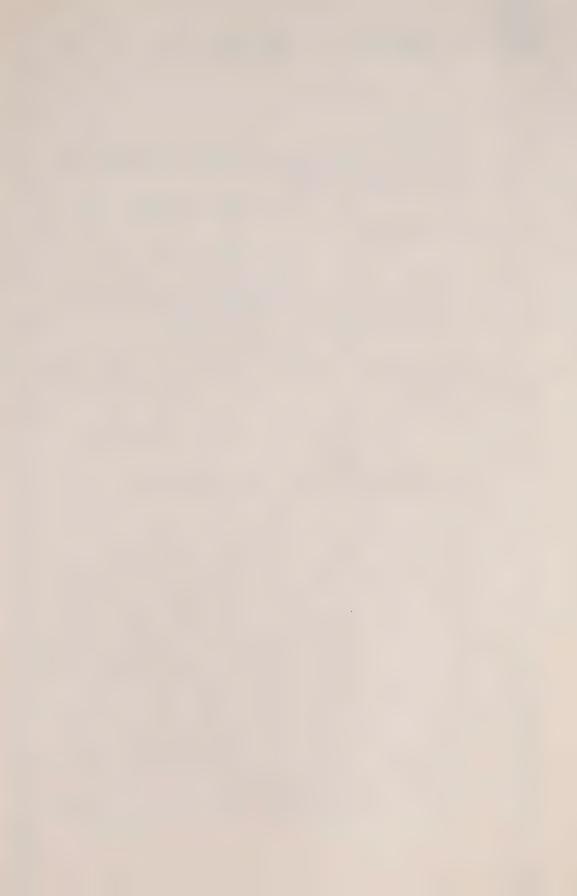
A. Yes.

All right.

"The question now is, and I will try not to exceed ten words: did you have any lingering doubts as to the cause of death of this child after you heard about the perforation of the stomach and the other matters that you did hear from the autopsy?

That is well over ten words. Did you understand it?

THE WITNESS: Prior to coming here?



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"I am sorry --

THE COMMISSIONER: No, at the time.

THE WITNESS: At the time? No, I

didn't."

And then I think it is Miss Cronk now who is putting the question to you:

> "Q. And then finally in light of the information that you now know about the preparation of the autopsy report and the apparent inability to pinpoint an anatomical cause of death, does that give you any reason in your own mind --

THE COMMISSIONER: I am not too sure that is fair, I am not too sure that is fair. You are now asking her something that she has just got, got relatively recently and asking her for a medical opinion on it."

But now a little earlier when that came up, page 5038 if you could, ma'am, just a few pages before, perhaps to be fair to you, ma'am, we will start at the bottom of page 5037 and take it across.

The question there about line 18 is:



"Q. As I understand what you have said in the sequence of events, Ms.
Radojewski, originally there was concern expressed about Amber Dawson's death and the post mortem results were not then available, do I have that correctly?

- A. That's right.
- Q. Subsequently Dr. Contreras did speak to you again and he informed you at that time that there appeared as a result of the post mortem to have been an abscess on the child's diaphram?
- A. Yes.
- Q. You never saw the post mortem report; is it your evidence today that the first time that you learned that there was no apparent anatomical cause of her death was when I just suggested it to you?

 THE COMMISSIONER: Well, the real

problem I think, as Mr. Roland puts it, is, it is going to be difficult in answering this question, because



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"she can't now take time off to study the report.

MS. CRONK: Could I just explore for a moment, sir ...

THE COMMISSIONER: Yes, all right.

MS. CRONK: ... whether Ms. Radojewski is certain in her own mind that this information is new to her in the last five minutes?

THE COMMISSIONER: Yes, all right.

- Q. Is that your evidence today, Ms. Radojewski?
- A. You had, I believe, mentioned it earlier to me.
- Q. Did you have an opportunity before testifying to review the medical chart of Amber Dawson?
 - A. No, I did not review it before.
 - Q. Before testifying in here?
- A. No, I did, I'm sorry, I did review it before yesterday."

Now, as I gathered Dr. Contreras speaks to you about post mortem but you don't perhaps have a full autopsy report, but then I do gather that you did review before giving your evidence here Amber





Dawson's medical charts and in it was the full autopsy report; am I right there first of all?

A. Yes.

Q. All right. And I take it you reviewed it and you spoke as well with Commission Counsel in general about the evidence that you were going to give here?

A. Yes.

Q. All right. And as I understood that last exchange, it seemed to me that in fact you had had an opportunity days or weeks before to look at Dawson's chart and to look at the autopsy report so that you weren't being caught that day, you were being asked, as I understood it, for the first time with Dawson's autopsy report?

A. Could you repeat that, please?

Q. All right. The day you were being asked these questions was not the first time you had seen the final autopsy report that was inside her medical charts?

A. I reviewed parts of Amber Dawson's chart.

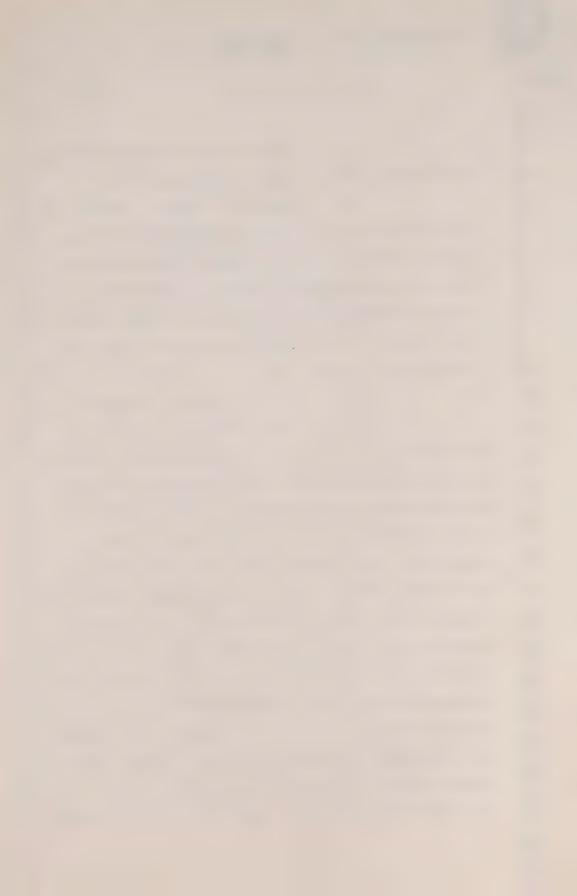
Q. I see. Well, was one of those parts the full autopsy report? Surely it would have been of some interest?





- A. I don't recall at this moment,
 I was reading them on other children as well.
- Q. I see. So, really I think what the whole issue was in terms of whether you had any lingering doubts was the expression that was being used, and your lingering doubts of course would be tied into whether you saw that final autopsy report and you can't tell us whether you did see the final autopsy report in her charts?
 - A. I don't recall, I am sorry.
- Q. Ma'am, that would finish for one question here, that would finish Dawson. As you look back over the months now and ask what we have defined as the epidemic period, I would suggest to you ma'am that apart from the last four or five babies that died in March that as we look back over the months through to the death of Baby Woodcock and then that rash of deaths in June and July, I would suggest to you for all the factors that I have mentioned to you accumulatively a lot of babies are relatively stable, some die unexpectedly, but I am suggesting that all the factors involved with Dawson, her stability, her sudden death, the extreme upset of the nurses, the concern of the doctors,

 Dr. Contreras, the type of description you get as to



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the cause of her death, that is, the abscess, the fact that the Coroner is reported, that this baby as you look back now really stands out in hindsight as a child that perhaps the greatest amount of concern or doubt was expressed over that time period. As I say, I am discounting the last four or five deaths.

A. I'm unsure if I understand your question, I am sorry.

Q. What don't you understand? It seemed to me a pretty straightforward question.

A. It was very long.

you then that when you look at all the factors surrounding Dawson's death, the description of her state before she died, the concern of the nurses, the concern of the doctors, the notification of the Coroner, the type of cause of death that you get given to you, theabscess, that as you then look back on that time period that Amber Dawson and her death and the events around her death are the most noteworthy or caused the greatest amount of concern or doubt or upset over that nine month period.

A. Amber's death did cause a great amount of concern. We had really grown to love Amber.



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We had gotten to know her and her mother quite well and it is always very painful when nurses lose patients that they grow to love.

> 0. Yes.

I find that aspect difficult for you people to understand and that's why Amber stands out in my mind and probably the minds of the nurses on the ward.

0. All right, I accept that. But I am saying that the nurses expressed a great concern there, and they are one factor in the picture, there is no question, you described that as extremely upsetting.

> Α. Yes.

0. But then as I looked at it as her Counsel and I say, well, the doctors were upset, and then I looked at the cause of death, and then I looked at her condition beforehand and I'm saying when you paint the whole picture, the nurses' concern genuinely being one of them, when you look at that whole picture and you look back over the months, many other patients had some of these features but I am suggesting to you the whole picture including the Coroner that in fact Amber Dawson's death is the one that caused over that time period the greatest concern



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and upset as you looked back.

MS. McINTYRE: Well, Mr. Commissioner, the original question posed by my friend included an exception for those deaths that had occurred in March or the latter part of March?

THE COMMISSIONER: Yes. Well, I think it still does.

MR. SHANAHAN: It still does.

THE COMMISSIONER: It still does.

MS. McINTYRE: Thank you.



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- A. In retrospect there was a great deal of concern over Amber's death.
- Q. You are not prepared to say that there was the greatest concern barring the last few deaths? Can you think of one, I'm sort of perhaps anticipating your answer here, can you think of one, I couldn't find one where all those factors were together.
- A. I feel that I am at a disadvantage because I have not got a lot of recollection of the other babies.
- Q. All right. Thank you. Now,
 Lombardo, ma'am, starts on page 5140 of the same
 volume, and I would just summarize what I think he
 said there. Lombardo was a much younger child, just
 days old and dies on December 23rd at about 4:00 in
 the morning, on 4A. I understand that Lombardo is
 mentioned on the Tour End as being satisfactory and
 then stable, and then the note about her death. You
 gave criteria why children are mentioned on the
 Tour End and then it struck me that the one that
 Lombardo would enjoy, she would just be transferred
 that day and that would be the mid-day of the 22nd
 and that would right away qualify her for mention
 on the Tour End report; does that state of affairs



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seem to jive with your memory of it?

A. Yes.

that the wards were not merged yet, in terms of what they did at Christmas. It struck me as I looked at the assignment book, I think the patient load had gone down to 8; and as I look at the WIN sheets there were two RN's on, Nurse Ganassin and Nurse Trayner, and an RNA, that seemed to me to comprise the whole team. So although they were not perhaps sort of officially merged into one for Christmas purposes, it seemed to me that there had been a great cutback and perhaps a lot of children had been sent home and maybe somebody as a result was given the night off. So is there something less than a total merger when there is 8 babies and only 2 RN's on?

A. Around Christmas time our census does fall down and we have less admissions for elective surgery, and less admissions for cardiac catheterizations, so that the census falls naturally around that time.

 Ω . So clearly although there is not a merger, maybe that was a day or two before the actual merger, is it clear from the kind of numbers I



am giving you there that it was a quiet time, that there was a lot less load on the ward, and subsequently slightly less staff.

A. When the census is down it makes sense that the work load may be less busy.

Q. And you indicated that Lombardo was not a shared care or constant care, and I think you conceded that would be one indication where the situation didn't appear to be grave.

A. Yes.

Q. She was getting heparin
by a Sage pump in the vein on the right leg. I think
you gave to my friend and to Mr. Percival that again
in terms of detection an injection of digoxin by -through the Sage pump again, the chances would be
slim that somebody would be detected administering
digoxin by that route.

A. Yes.

Q. I don't know if it was

Bilodeau or Belanger, but you mentioned in passing,
you used the term contra-indicated, it appeared to me,
as I heard you, that you knew as a nurse that that
child should not have digoxin, that indeed it was
contra-indicated, that perhaps it would be harmful or
damaging in the particular type of condition that





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child had. I am not really too concerned whether it was Bilodeau or Boulanger.

Would you know from Stephanie Lombardo's condition here, that is the shunt being put in and perhaps this suggestion that the shunt was too small, would you have known yourself, given your experience, that digoxîn would be contra -indicated for that child?

Would you think it would be?

A. I don't know that I feel qualified to answer that. From my recollection of her chart and the note I made, it is my understanding that her shunt was small when I reviewed the chart. I just don't feel confident making that kind of decision.

All you would know, as any other Q. nurse would know, is that it was not prescribed, but you may not know the subtleties that it would be contra-indicated on or not.

> Yes. Α.

Q. All right. Some cases were obvious, be it Bilodeau or Be Langer.

- I think the child was Velasquez. Α.
- Velasquez? Ω.
- Yes. A.



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		ζ	2.	That it		would be		be	contraindicate	
but	Lombardo	to	you	isn'	t	one	of	the	em?	

A. I don't have independent recollection of her heart lesion, I am sorry.

Q. Did you ever hear referred, or was mention ever made to you by any nursing supervisor, about a doctor at Lombardo's bedside having cut down the I.V. bag and put it in his pocket and taking it away for testing, or anything, any substance in that bag, was that ever related to you or did you ever hear of that spoken of?

A. I heard that here at these proceedings.

- Q. Yes.
- A. One afternoon.
- Q. Prior to that, nothing?
- A. No, nothing, I don't recall that

I knew.

Q. Just again an instance you don't recall, you are not saying it didn't happen, just that your recollection is, you just don't have one.

A. That's right.

Q. Finally, ma'am, just a few general questions here. You said to Ms. McIntyre that you didn't think the breaking up of the team --



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you æknowledged that it was discussed, it didn't seem to me that you thought it was discussed as often or as seriously as other nurses thought, but you acknowledged that it was discussed. It seems to me you said to Ms. McIntyre that you didn't think the breaking up of the team would in any way have remedied any situation at all; do you remember giving that evidence to Ms. McIntyre?

> Yes. Α.

All right. But then again in terms of one theory, if you like, or one approach to these deaths that has been put to you; Meredith Frise was a nursing assistant that thought maybe two people were involved. Mr. Percival put to you about perhaps two people being involved. Surely the breaking up of the team and the dispersing of the four members of that team on to other teams; if two on that team were in collusion, or three, two were in collusion, surely the breaking up of the team and dispersing the members on to other teams would really have rectified that situation, those two would not be working together and they would have to conscript some other willing partner to be lookout or perpetrator for them.

> Are you asking me to --A.



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Well, I am insofar as it didn't 0. seem to me to be so useless, if you like, as was inferred or implied. It seemed to me that the breaking up of the team, if nothing else, would have accomplished that.

MS. McINTYRE: I think, sir, the questions were asked in the context as to whether she thought it would be an appropriate solution, if she had known at the time that some of her nurses were deliberately causing the deaths of the babies. That is the context in which those questions were asked.

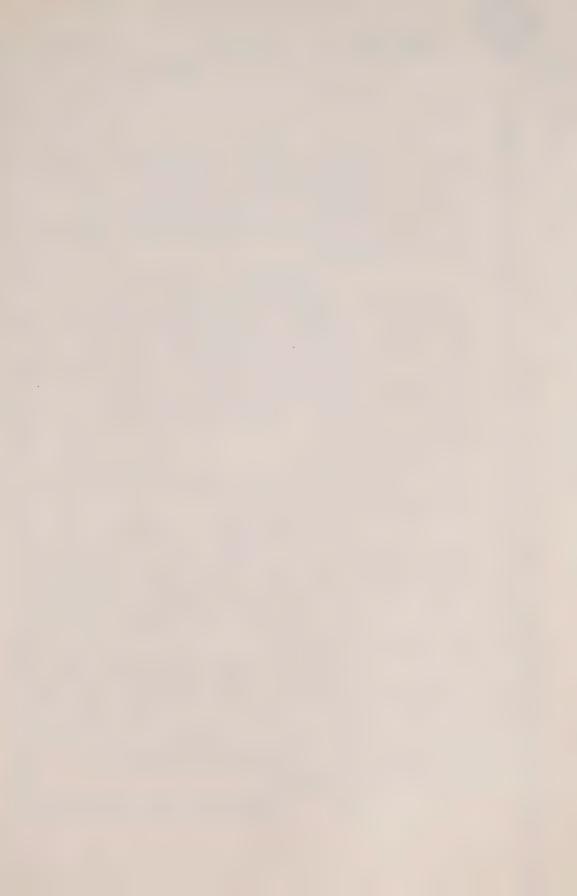
MR. SHANAHAN: And that is the context that I am asking this one, too.

THE COMMISSIONER: I think so. think I understand the question. I am not sure though if the witness understands the question.

MR. SHANAHAN: Don't invite her here not to understand it.

THE COMMISSIONER: Every time I try to improve on a question I seem to do worse than the original.

- Do you understand that Q. question , Mrs. Radojewski?
 - I guess what I am having trouble A.

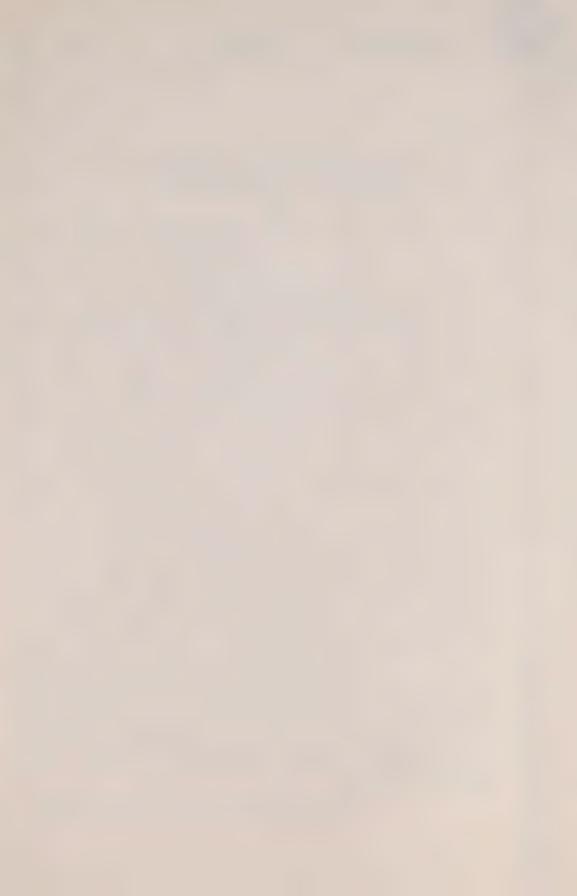


with is what time frame you are talking in, in retrospect, in all these assumptions?

- Ω . Yes.
- A. Or at that particular time?
- Now in fairness to you, at the time -- your evidence has been that you were not suspicious at the time, so we have to leave that and accept that. But in hindsight now the question was asked from this vantage point by Ms. McIntyre, and I am asking you now, from this vantage point here had you broken up the team, just to break the jinx, because that is all you thought it was at the time; had you broken up the team even for that reason, I am suggesting to you that this factor, maybe two people acting in collusion, would have instantly been rectified because the two would have been separated and they would have had to conscript somebody else, if they could find them, to assist them in that, that seems to be evident.

MS. McINTYRE: Mr. Commissioner, I fail to see how an answer to that question is going to be of any assistance to you at all in determining the cause of death. It seems to me perhaps it is a matter of argument.

THE COMMISSIONER: Well, I suppose it



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is a matter of argument, I have no doubt it will be argued. But, now, if you really have struggled with the question and you don't want to answer it, then treat it as a rhetorical question and go on to something else.

MR. SHANAHAN: All right.

THE COMMISSIONER: But you can do whatever you want.

Do you want to take that invitation and treat it as a rhetorical question and just not answer it? We will leave it be.

I am having great difficulty in answering that question, I am sorry.

Q. All right. Then another one, and you might have difficulty with this one, too, but anyway. With respect to the event itself and you had scenarios put to you that perhaps two people, acting in collusion, and what would be the best route of administration if one wanted to do it quickly, and you said an I.V. injection. But it struck me that really -- and again looking at this from a sinister point of view, you are going to have to accept that looking back at this that some, or many were caused by just that, an injection into an I.V. line, an overdose of digoxin. It struck me that here



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it wasn't whether one did it, or one, and one had a lookout, or two lookouts or three lookouts. It really was what caused you to miss it and others not to even get suspicious, was the choice of the drug itself, digoxin. Am I right there, do you see it the same way as I do?

A. My immediate response to you is, I don't have a sinister mind like that, I just can't look at it like that.

Q. I don't think it is asking too much, Mrs. Radojewski, to ask you just for the purposes of answering a question, and I appreciate how unsavory it is to you. Just hypothetically, I am not suggesting you accept my hypothesis for a minute, you won't leave here with that cloud over you. What I am saying is if in fact that was done, it seems to me that the reasons no suspicions were raised was because of the type of drug used; it had terminal events that were very similar to these children dying of their very anatomical problems.

A. Given all those assumptions that you have given me, that is a possibility that it is the choice of drug.

Q. If you saw marks or bruises on the child, obviously you would have suspicions right



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away. If a child died with terminal events that were radically different to the terminal events you could anticipate, again suspicions and hackles would have been raised, wouldn't they?

- In retrospect, yes.
- 0. Then again digoxin is used, it is available on the ward, it has the same terminal events and you and other nurses knew that there wasn't, rightly or wrongly, there wasn't any routine post mortem digoxin testing on the ward at that time, isn't that right?
- We knew there wasn't any routine testing, yes.
- Now finally, then, with respect 0. to the one strange event, and this is the last area. Those pills in the soup and the salad again. The events prior to that that you were involved in directly took place outside of the hospital, by means of phone calls and events that you saw and heard; it seems to me the distinction was they were events that happened outside of the hospital, and you received I think a phone call at home about this, is that right?
- The event that involved me was Α. a phone call outside at my home, yes.



Q. And subject to how the matter was clarified yesterday, you had at least an initial feeling perhaps that was Susan Nelles, but when pushed you came up with that name, subject to how you qualified that yesterday.

A. It was the description of the voice.

Q. But then the other incident
where you were called into the hospital, that takes
place inside the hospital, and clearly in your mind
then you knew that Susan Nelles was not around and
couldn't have been around, had she been around she
would immediately have been observed by her compatriots
who would have noted her presence, isn't that right?





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A. She was not around as I saw, yes.

Q. So now the incidents, whatever they are, the strangeness, is now centred right in on the Hospital again and right in on the ward where all the previous difficulties have been incurred and now whatever you thought about the voice previously, now you are sure it isn't Susan Nelles, because in fact Susan Nelles would have been in fact observed right on the ward right there. Am I right there so far?

A. Yes.

Make the observations that you did make and Mr. Hunt put to you that this really looked to be a serious heightening, if you like, of the whole bizarre events. After all, here was possibly another heart drug being dished about and after all the previous controversy with Susan Nelles was over a heart drug that perhaps had been given in excess to being digoxin. Am I right?

A. Yes.

Q. Whereas before they were dealt with, with respect to patients, now perhaps you had, if these nurses hadn't picked this out, you were having a possibility that you were going to have



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nurses and their food tampered with and it was also the suggestion they could get at nurses' foods on the ward without being detected, it was quite clear in your mind that they could start doing the same thing with these kind of drugs to our children again, wasn't that a concern as you reviewed that situation?

A. There was concern for the patients' safety.

Q. You then knew or heard indirectly that there was the blood testing done I think on Sui Scott and that came back she had some in her system.

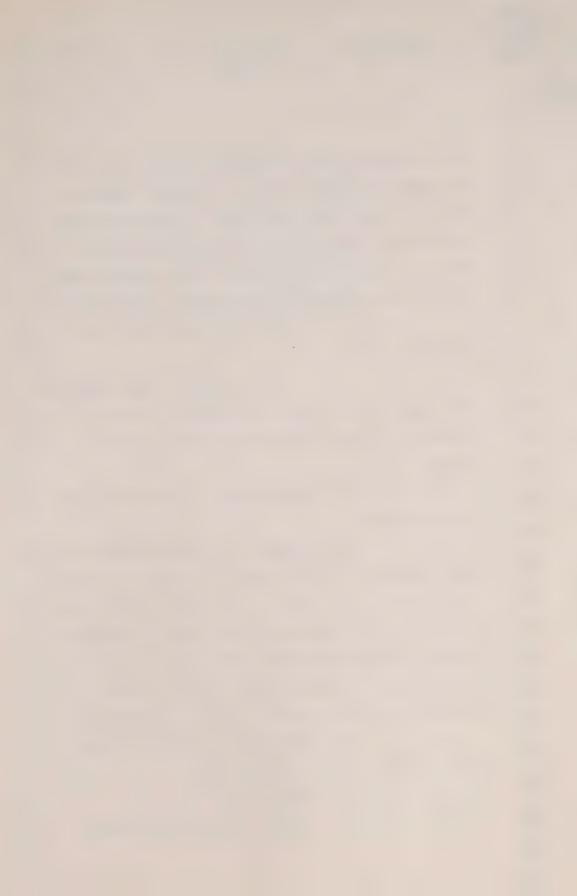
THE COMMISSIONER: I am sorry, came back with what?

MR. SHANAHAN: Q She had some of the drug propranolol in her system. Am I right there?

MS. CRONK: I think the evidence was, sir, and I can't immediately give you the reference that Mrs. Radojewski recalls her going to the hospital for testing but didn't recall what the results of the tests were. I stand to be corrected.

MR. SHANAHAN: You are quite right.

- Q. Is that it?
- A. Yes.
- Do you know, as well, about



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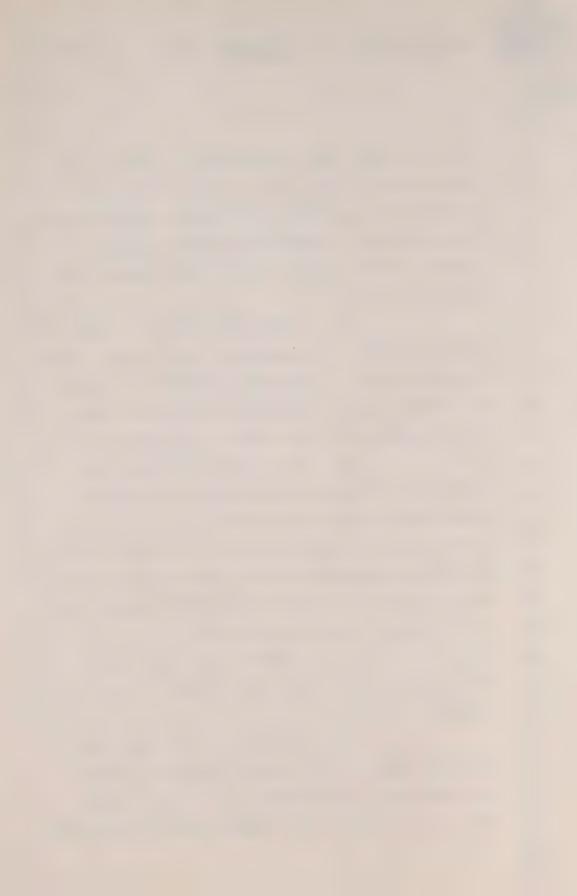
whether in fact, they were asked to, in fact, have their stomachs pumped, that is that Ms. Trayner and Ms. Scott was asked to have their stomachs pumped and Ms. Trayner, for whatever reasons, refused to have her stomach pumped? Did you know that or hear that?

A. I was with them at the Hospital and the resident gave them some syrup Ipecac which induces vomiting. I know that somewhere we thought of gastric lavage or having the stomach pumped. I can't specifically recall when or who brought that up.

Q. In case my terminology isn't right, do you recollect there being a divergence there, that in fact Sui Scott was quite prepared to take whatever the medicine was or if it was a stomach pump she was prepared to do it, but Phyllis Trayner was not prepared to follow the suggested course there. Do you remember that conflict there?

A. I didn't recall that, but recently, and I am unsure where I heard it, that came to mind.

Q. Well all a very dangerous incident and a very dangerous upturn of events, but then again as you looked at it, ma'am, did you ever get the feeling that perhaps that situation with





respect to the pills was contrived?

A. Could you explain that, please?

At first blush when you look at all of it and you look at the possibility that nurses could be poisoned, and if nurses could be poisoned children could be poisoned again. It doesn't appear to be Susan Nelles who the police have. Yet then again, how could people get into the food here and get hold of these pills and what-have-you? The whole hue and cry that was raised over it, at first blush it looks terrible. Did you ever get the feeling then as you saw your way through it, looked back on it that evening, a day or two later or even now, that perhaps that situation looked a bit too contrived? It might have been staged is another way perhaps of putting it to you?

A. I suppose that is one way of looking at it.

Q. That is the way I was looking at it; I am saying did you look at it that way?

A. At the time I don't specifically recall there were so many emotions going around.

Q I gather from your answer just a moment ago, as you look at it now, it is one way that you have of looking at that situation now?





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It is one way.

MR. SHANAHAN: Thank you, ma'am. No further questions.

THE COMMISSIONER: Yes, Miss McIntyre?

MR. OLAH: Excuse me, before we proceed it appears on the record and has been brought to my attention that the first couple of exchanges

yesterday after the recess were not recorded, because we were without a reporter. That was, if you recall, when the witness had glanced at Exhibit 375

and said it was correct. I was wondering, with your

leave, just to make sure it does get on the record.

THE COMMISSIONER: Yes, all right.

Would you ask those questions now, then.

FURTHER CROSS-EXAMINATION BY MR. OLAH:

Thank you. Ma'am, you will recall yesterday over the coffee break you were kind enough to have a look at Exhibit 375, which was a table relating to the times when Janet Brownless worked with the Trayner team and times when she worked with other teams, and you I think indicated fairly yesterday that you reviewed it and as far as you could tell from the WIN sheets that it was accurate?

> A. Yes.



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Q. And you also agreed with me that Miss Brownless appears to have worked something in the order of 55 times with teams other than the Trayner team and about 28 times with the Trayner team?

A. Yes.

Q. Approximately a ratio of 2 to 1?

A. Approximately.

MR. OLAH: Thank you, I am very

grateful.

THE COMMISSIONER: Yes, sir, we had better make it an exhibit then for the record.

MR. OLAH: It was made an exhibit

THE COMMISSIONER: It is not on the

record.

yesterday.

MR. OLAH: So we should maybe note it.

THE COMMISSIONER: I think we had

better be consistent. It is Exhibit 375.

MR. OLAH: Exhibit 375, thank you, sir.

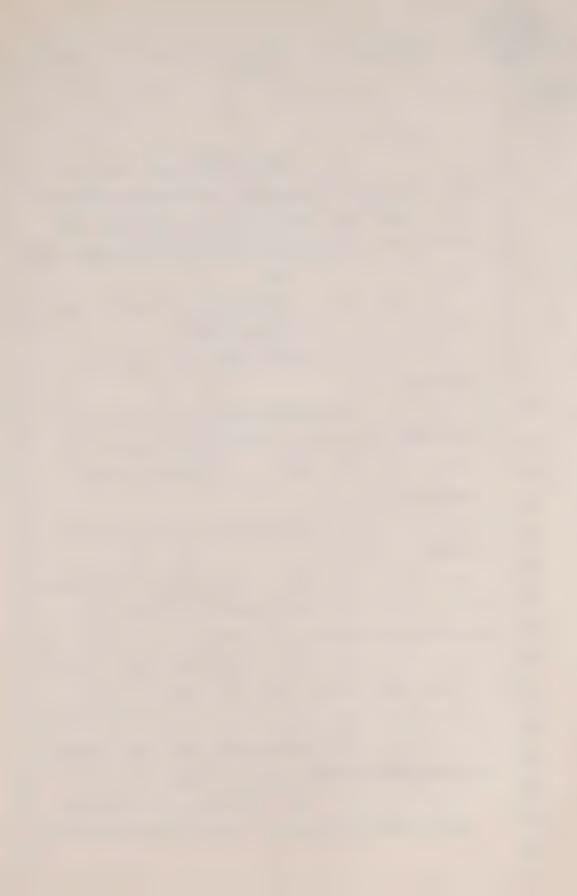
--- [See page 5818 for Exhibit No. 375]

THE COMMISSIONER: Now, Miss McIntyre.

FURTHER RE-EXAMINATION BY MS. McINTYRE:

Q. Mrs. Radojewski, Mr. Shanahan asked you some questions with respect to Amber Dawson

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and in particular whether you didn't question further the cause of death of Amber Dawson, as given to you or recorded by you on August 8th, as being told to you by Dr. Contreras. I take it that the doctor verbally informed you of the results of the post mortem?

A. Yes.

 $\mathfrak{Q}.$ Do you recall if he seemed satisfied with the results?

A. I don't recall; I'm sorry.

Q. I take it from your note wherein it is reported that the coroner has told mom about them. That is the abscess on the diaphragm, that you would have knownthat the coroner was involved?

A. Yes.

Q . And presumably was looking into the cause of death of this child?

A. Yes, by what I wrote.

Q. And that also the pathologist, who did the post mortem, would have looked into the cause of the death of this child?

A. That follows with the post mortem result.

Q. In those circumstances would you, as Head Nurse, further challenge the cause of death, the conclusion that had been reached by the





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physicians at the Hospital?

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A. No.

MS. McINTYRE: Thank you. I have no further questions.

THE COMMISSIONER: Miss Cronk?

FURTHER RE-EXAMINATION BY MS. CRONK:

Q. Mrs. Radojewski, I will try not to be too much longer.

MS. McINTYRE: Mr. Commissioner, I was

MS. CRONK: That wasn't long at all.

The shortest that I have ever been.

MS. McINTYRE: Mrs. Radojewski advised me over the break that she had re-thought the answer to one question that she had previously given to Ms. Cronk so perhaps she might be given the opportunity to clarify that?

THE COMMISSIONER: Yes. All right.

What is the second thought, what is

the question?

THE WITNESS: I can't remember it exactly, but the question was about other teams and team members having --

THE COMMISSIONER: Conflicts?

THE WITNESS: Having difficulties.

MS. CRONK: Yes.



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THE WITNESS: And there was one in the time frame. I was unsure this morning of the time frame that Mrs. Fitzgerald had left our employment and it was towards the end of the time period that you are speaking about and Joan MacIntosh had come to me with some concerns that she had about getting along with Mrs. Fitzgerald, as her team leader, and there was another incident, but I am unsure of the exact time frame. Carol Callaghan had left early July and some time before she left she had come with concerns about her team leader, Kathy Shilton at the time. So that there were some other difficulties between team leaders and team members on either teams. It is not an entirely unique situation.

MS. CRONK: Q. I am grateful for that, Mrs. Radojewski, and perhaps in light of the fact that you have had a chance to refresh your memory about this, I could put this further question to you and it was really a point that I was interested in pursuing with you.

You told me that there were complaints or concerns raised by other nurses with respect to their team leaders and you have given me two examples. All right. You recall that we looked at Phyllis Trayner's evaluation that you did, dated November 6,





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1980, and you will recall we reviewed your evidence at the preliminary hearing, with respect to the difficulties that had arisen that you were aware of between Susan Nelles and Phyllis Trayner. I suggest to you that on the basis of what Mrs. Johnstone had said in the testimony here and on the basis of what Mrs. Costello has said in evidence here, and on the basis of what Mrs. Bell has said in evidence here, and I have drawn all of these things to your attention, that there were problems, not only with Phyllis Trayner and Susan Nelles, as you are aware, but that there were problems and concerns expressed by other nurses on those wards concerning Phyllis Trayner as well. Is that a fair summary of what we talked about this morning?

> A. Yes.

My suggestion to you, and my question to you really is this: bearing in mind what you told me about these two other instances when women came to you and said that I have got these problems, I have got these concerns, was there during this nine-month period, in your perception, any other situation that was comparable in terms of magnitude or numbers of concerns from people, as there was that existed with respect to Phyllis Trayner?



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A. Put in those terms it was not as comparable.

No. That was in that sense the difficulty with respect to Phyllis Trayner's behaviour and I won't get back into that and who felt there was a problem and the problem as it existed between Phyllis Trayner and Susan Nelles in that sense was unique during that nine-month period. Isn't that right?

> A. Yes.

You told Ms. McIntyre and I'm turning now to really the issue of the use of digoxin on those wards. You told Ms. McIntyre, as I understood it, that digoxin, elixir, was used daily on those wards during that nine-month period?

> A. Yes.

It was I think you said a preparation of choice where it was possible to use?

> A. Yes.

You also said that intravenous digoxin was used in one of two situations that you could think of immediately off the top. One was when if a patient was being digitalized and the second was if a patient couldn't take oral feedings. Do I have that correct?



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A. Yes.

Q. Those two situations. Was it also true that intravenous digoxin would be used with the older children if they were in a situation where for some reason they couldn't take oral feeding?

A. Yes.

Q When you referred to intravenous digoxin I assume you were referring to both the paediatric and the adult form of digoxin which came in ampule form. We are talking about the ampules?

A. Depending on which one was appropriate for the patient, yes.

Q. You were talking about the ampules. When you spoke about intravenous digoxin, that is what you meant?

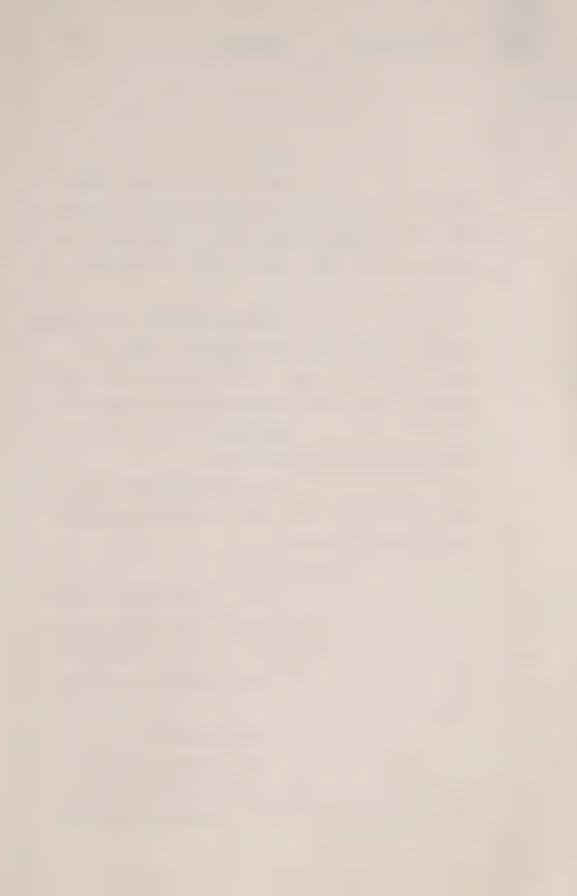
A. Yes.

Q. I take it that given the nature of the patients on Wards 4A and 4B we can agree it was a very common occurrence to have patients being digitalized for the very first time on those wards?

That was not unusual?

A. It was not unusual.

Q. Similarly, given again the nature of the very sick patients you did see in transition on those wards, I take it that it would



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not be unusual to see many a patient who could not have oral feedings, that had an NPO order in place. Is that fair?

There were a number of those patients. There were also patients we had to use a gastric tube feedings that were unable to take things orally.

0. Yes. I take it then we can agree it would not be unusual to find patients on IV for feeding purposes because they couldn't take oral feeds. On those wards that wouldn't be unusual?

I am having trouble with your definition of oral feedings.

I may be using it inappropriately What I am suggesting to you is that -- you have told me that one of the two situations where intravenous digoxin -- I am sorry, where intravenous digoxin would be used is if a patient could not take oral feedings?

> A. Yes.

0. There was an NPO order?

Yes.

I am suggesting to you, given the patient census on those wards historically and over the nine-month period that we are concerned with,



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that wasn't unusual to see patients that couldn't take oral feedings?

A. Yes.

Q. And that an NPO order would be

in place?

A. Yes.

Q. Would it surprise me if it was otherwise? I am not asking you to confirm this, but to share it with you. A very quick look of the charts of our children last evening I saw in excess of 12 who had NPO orders in place shortly before their death. If that is 12 out of 36, and I am just asking you to assume for the moment that the number is accurate, that is a pretty significant number of patients out of a total group of 36.





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I don't even ask you to comment on that, we will just leave it there.

You also told Miss McIntyre as I understood it that intravenous digoxin would be used at the rate of 1 or 2 ampules every two weeks or one per week at the very most. Do I have that correctly?

A. Overall looking back that's the best I can recall.

Q. All right. And when you look back overall are you looking back to this nine month period? I want to know, Mrs. Radojewski, whether you gave that answer looking back over your total career at the Hospital for Sick Children attached to the Cardiology Unit or whether you were thinking about this nine month period when you said that there would be 1 or 2 ampules used every two weeks or one per week at the very most.

A. I doubt that it was over my whole career, it would have been the time I spent on 4A.

Q. All right. So, you are talking then about the time from April of 1980 forward?

A. Yes.

Q. All right. And that was your



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impression I take it on the basis of what you observed on those wards and your knowledge as head nurse as to the medications the particular persons were to receive in the form in which they were to receive them?

A. Yes.

Q. You also said as I understood it that you were confident that had a large number of ampules been used in a month, and the example put to you by Miss McIntyre was 12, all right, as a large number, if that had been used in a month, you were confident I thought you said that the ward pharmacist would have noticed that and would have brought it to your attention. Do you recall saying that?

A. Yes.

Q. All right. The ward pharmacist you have told us started in September, 1980, is that right?

A. Yes.

Q. And by that time there had been, according to the evidence introduced before the Commission, some 12 deaths on these wards, if we count Laurette Heyworth who died on September 2nd. Can you tell me please, prior to the pilot





Radojewski, re.dr. (Cronk)

project starting on the wards in September, 1980,
was there any procedure in place of any kind of which
you are aware to keep track on an ongoing basis of
the inventory of digoxin that was used on those
wards?

- A. I don't know.
- Q. Well, you have told us this morning that before the pharmacist started on the wards it was part of what you described as the great abundance of paper work that the head nurse of the team leader had to complete requisitions for digoxin?
 - A. Yes.
 - Q. Am I right?
 - A. Yes.
- Q. That would give us an indication perhaps of the amount of digoxin that was sent to the wards if the requisitions were fulfilled?
 - A. Yes.
- Q. And my question to you is, looking back in your mind now to the month of July and August and, for that matter, April of '80 right through until the pharmacist started in September, was there any procedure in place on the





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ward or any practice which you can now think that was designed to control and to inventory the amount of digoxin that was actually used on those wards?

- A. No, there wasn't.
- Q. There was not, all right.

 And then the pharmacist you have told us started in September of 1980. Was it your understanding that part of her job was to keep an inventory of the amount of digoxin that was used on the ward?
 - A. Could you repeat that, please?
- Q. All right. It is the same question, really, just after September. After the ward pharmacist started, after the pilot project started, was it your understanding that it was part of her job to keep an inventory as to the amount of digoxin that was used on Wards 4A and 4B?
- A. It was my understanding that she had some knowledge of how much was used on the ward, in that respect an inventory.
- Q. And was that on the basis of the fact that she completed requisition forms to see to it that more digoxin was sent to the wards as needed?
 - A. Yes.
 - Q. All right. As I understand it,





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my information may be correct and if so I would like you to tell me, but as I understand it there was no record kept on the ward, either 4A or 4B on a daily or a monthly basis recording exactly how much digoxin had been used on the wards. Does that accord with your recollection?

> A. Yes.

All right. Thank you.

And there was no record over a larger period of time, for example, on a quarterly basis, kept1

No.

 Ω . What was the name of the ward pharmacist after the pilot project was introduced, do you recall?

Livia Beysovec.

I am glad you pronounced that and I didn't. Ms. Beysovec testified, as you are perhaps aware, at the preliminary hearing involving Susan Nelles, Mrs. Radojewski. This, sir, is found in Volume 23 at page 84. She testified that the ward pharmacist, and she was referring to herself and to the other woman on the wards at the start of that pilot project in September of 1980, did not keep a record of how much digoxin was being used on Wards



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4A/4B. I take it from what you have just said that that is consistent with your recollection.

Radojewski re. dr. (Cronk)

Α. Yes.

All right. She also testified, and this, sir, is found at page 84, that digoxin was considered ward stock because it was commonly used on wards 4A/4B and that I think is similar to what you have told us.

> Α. Yes.

All right. She also said, again at page 84, volume 23, that there was always a minimum stock of ten ampules kept on each of wards 4A/4B. Does that accord with your recollection?

A. Yes, my recollection is she liked to keep us very well stocked.

Q. All right. Digoxin in fact, as you have told us and a number of other people have told us, is a standard cardiac medication.

> Α. Yes.

Very often in use on those two

Α. Yes.

Before March 22nd, 1981, that's before the lockup of digoxin -- I'm sorry, the lockup was the Saturday night, so, before the Sunday -- inasmuch



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as digoxin was considered ward stock on 4A/4B, could it be ordered from the pharmacy directly by any registered nurse as opposed to the pharmacist who was on the wards?

A. It could be and it would most likely be on a weekend when we did not have the ward pharmacist, but she very often overstocked us for the weekend.

- Q. All right.
- A. So, it is rare.
- Q. Thank you. But let's talk about it then in two time frames. Up until September 1980, the month of July through September, 1980 when there was not a ward pharmacist there, could it be ordered directly from the pharmacy by any registered nurse on either of those wards?
 - A. Yes.
- Q. All right. And when it was ordered in such a fashion did the nurse have to explain to the pharmacy as best as you can recall it what it was going to be used for or for which patient it was going to be used?
 - A. Specifically with digoxin,
 - Q. All right. And after September





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of 1980 when the ward pharmacist did start, are you
saying that after that point in time a registered
nurse could not order it directly from the pharmacy
or that she could only do it on weekends, I don't
really understand what you're saying.

Α. She could in that there was a form to be filled out and she could sign it but the pharmacy department I trust would have called up and asked why Livia hadn't ordered it instead.

Q. All right. Let's again take it in two situations. Suppose for whatever reason and despite the ward pharmacist's practice as you have described it of overstocking the ward, there wasn't any there of the kind that the nurse needed, could she in those circumstances herself order it directly from the pharmacy after September, 1980?

> Yes. Α.

0. All right. And that could take place Monday through Friday, not just on a weekend?

A. Yes, but again I feel that pharmacy would take some note of it because it was a pilot project and why would not the pharmacist be filling out the prescription.

O. I understand. And if it was at a time when the pharmacy was closed or if it was





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the weekend, could a registered nurse in those circumstances, how would she obtain digoxin if she needed it and the right form and the right amount wish't on the ward?

A. If the pharmacy was closed it's unsible to borrow from other wards. And the other situation you said was on the weekend?

Q. Yes.

A. There were certain hours that the pharmacy was open on the weekend and if you anticipate that you are going to need it and you don't have it then you would order it when pharmacy is open.

 Ω . All right. And I take it that the ward pharmacist and the assistant ward pharmacist did not work on the weekends?

A. That's right.

Q. All right. So, in those situations on the weekend when the pharmacy was open, could any registered nurse on 4A or 4B order it up directly from pharmacy if it was needed?

A. Yes.

 Ω . All right. Was there a ward stock quota of digoxin for Wards 4A/4B of which you are aware during that nine month period of time?



A. Yes, we had a quota for all of our ward stock medications.

 $\ensuremath{\text{Q.}}$ All right. Do you by any chance recall what the quota was for 4A for digoxin?

A. I'm sorry, I don't recall.

Q. Okay. Mrs. Rappaport testified at the preliminary hearing in addition to the ward pharmacist. Who was Mrs. Rappaport? If I suggested to you that she was a pharmacist at the Hospital for Sick Children, would you have any difficulty with that?

A. No.

Q. All right. Her evidence, sir, is found in Volume 19 starting at page 118 to page 119. I am just going to put a portion of it to you, Mrs. Radojewski, and ask you whether it accords with your recollection. She testified that the ward stock quota for Wards 4A/B of digoxin during this nine month period was approximately one bottle of 100 mls. of elixir, 10 ampules of pediatric injection ampules and 5 ampules of adult injection ampules for each of Wards 4A/4B at any given moment in time. Now, does that accord with your recollection or do you remember one way or the other?

A. No, that sounds fair.



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All right. That's the approximate amount that she said, at those passages from the preliminary hearing, that could be found in each medication cupboard on 4A/4B at any given time. Apart from obtaining it from the pharmacy as ward . tock, you have told us that on occasion it could be borrowed and I take it that that was not a matter that would attract suspicion or be considered unusual, there was inter-ward borrowing of drugs on occasion.

A. Yes.

0. All right. Was there any record kept on 4A or 4B if a nurse from another floor came to borrow one of your drugs?

A. Unless it was a narcotic or a controlled drug, no.

Q. All right. And at that time of course we know that digoxin was not a narcotic or a controlled drug.

> A. Yes.

And similarly if a nurse from 4A or 4B went to any other ward in the hospital to borrow digoxin, would any record be kept of that either at the ward from which she received it or on your own ward to which she brought it?



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A. No.

Q. All right. Mrs. Rappaport was asked and conducted an inventory of the digoxin on Wards 4A/4B on Sunday, March 22nd as part of the procedures that were being put in place with respect to the locking up of digoxin. Now, you will recall and I recall, although it was some days ago, that you worked that Sunday, Sunday, March 22nd.

A. Yes.

 Ω_{\star} Are you aware of the fact that she did conduct an inventory of the digoxin on Wards 4A and 4B on that day?

A. I didn't recall that.

Q. All right. To help you with that, Mr. Registrar, could you show the witness please Exhibit 185. I would ask you to turn, Mrs. Radojewski, to page 3. I can tell you that this document has been identified and marked before the Commission as the result of the inventory check that Mrs. Rappaport conducted. Do you have page 3?

A. Yes.

Q. All right. You will see there on the left hand side, the left hand column, a list of the wards and in the middle a list of the stock that was found and removed. Do you see that?



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A. Yes.

All right. And according to Ms.

Rappaport's inventory on Ward 4A on Sunday, March 22nd,
1981, she found 75 millilitres of the pediatric
elixir. I take it that that would have been
approximately, well, indeed, three-quarters of one
bottle of 100 mls. of elixir, a quarter of it would
have been gone.

A. Yes.

Q. All right. She also found 90 tablets of .25 milligrams of strength. Do you see that?

A. Yes.

Q. All right. And she also found eight pediatric ampules and 6 adult ampules. That's very close I suggest to what she suggested at the preliminary hearing was the minimum ward stock on Ward 4A for digoxin except that there was one more adult ampule than she suggested and less pediatric; correct?

A. Yes.

Q. All right. And then on Ward

4B she found 80 millilitres of pediatric elix r, again,
that is a portion of one bottle that would have been
on the ward; am I correct?



A. Yes.

Q. All right. She also found 10 pediatric ampules and 10 adult ampules, in this case over what she would have expected for the adult ampules, indeed, twice as much, but exactly what she would have expected for pediatric. Is that correct, on the basis of what I have read to you?

A. Yes.

 Ω . And in combination on those two wards on that Sunday there were 18 pediatric ampules and 16 adult ampules. That's a fairly healthy supply of ampules, wouldn't you agree?

A. Yes.

Q. All right. And Wards 4C and 4D we've heard are on obviously the same floor as 4A and 4B and are immediately adjacent to them on the other side of the elevators, is that right?

A. Yes.

Q. All right. And on 4C and D in combination on that Sunday they had 13 pediatric ampules and 13 adult ampules of digoxin, according to this inventory.

A. Yes.

Q. Is that right? If a nurse on 4A/4B indeed did have occasion to borrow digoxin for



whatever purpose, would it be a fair assumption on my part if I were to suggest that it was a relatively easy matter to go to 4C or 4D to obtain it, it would certainly be the most convenient place to go, it was closer.

> Yes. Α.



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Q. You have told us that once the ward pharmacist was installed on the ward she was responsible for the ordering of ward digoxin, and to do that she filled out requisition forms that had previously been completed by the team leader, or by the head nurse, yourself, is that right?

A. Yes.

MS. CRONK: Mr. Registrar, could you show the witness please Exhibit 32B.

Q. You may remember that first thing this morning, Mrs. Radojewski, there was mention made of these forms and I would just like to draw your attention to them again if I could.

Would you turn first please to Tab 65.

I would like to deal with the requisition forms that were filed at the preliminary hearing for 4A and then look at the ones for 4B. I can tell you, Mrs.

Radojewski, that very few were filed and I will come to the reason why in due course. If we look at Tab 65, that requisition - let me ask you first, is this the form of ward stock requisition form that was completed by the ward pharmacist for drugs that were to be sent from pharmacy to Ward 4A?

- A. Yes.
- Q. The same kind of form was used



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for Ward 4B?

A. It was standard.

Q. Are these the kind of forms that prior to the introduction of the pilot project were completed either by yourself or your team leader?

A. Yes.

Q. And this one appears to be for Ward 4A and it is dated February 23rd, 1981, do you see that?

A. Yes.

Q. And according to this form, and I would ask you simply to confirm it, at that point the pharmacist was ordering 10 pediatric ampules of digoxin, and one 100 millilitre bottle of digoxin elixir, is that correct?

A. Yes.

Q. No adult ampules were ordered on this requisition form, is that correct?

A. Yes.

Q. Would you turn to the next tab please, Tab 66.

THE COMMISSIONER: I am sorry, how do we know that they were pediatric?

MS. CRONK: I am sorry, you will see on the left-hand side of the column 10 digoxin amps.



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THE COMMISSIONER: Yes.

MS. CRONK: The size was 1 millilitre, the strength was .05.

THE COMMISSIONER: That is the --MS. CRONK: That is the pediatric strength, sir.

- Q. Is that correct Mrs. Radojewski?
- A. Yes.
- Q. Would you turn to the next tab, please, 66. This is a requisition for Ward 4A, this time dated March 13th, 1981. Again I would ask you simply to confirm that there was one 100 millilitre bottle of elixir digoxin ordered, and this time 10 adult ampules, but no pediatric ampules, do I have that correctly?

Α. Yes.

Would you turn to the next tab please, 67, it is dated March 18th, 1981, five days later. This time there is no ampules of digoxin recorded on the requisition form, but again a bottle of digoxin elixir?

> Α. Yes.

Did the digoxin elixir come in more than 1 millilitre size?

> More than the 100 millilitre size? A.



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A. No, that is the only size I was

0. And when it was ordered it was 100 millilitres in liquid form?

> Yes. A.

Q. What these forms do not tell us I suggest, and I would ask you to confirm this if you can, is the amount of digoxin that was on the ward at the time these requisitions were completed, these served merely as an indication of the new stock that was being requested out from pharmacy, is that fair?

> Yes. A.

Q. If we turn now to those for 4B that were filed. I am sorry, perhaps before we do that --

THE COMMISSIONER: I am sorry, what?

MS. CRONK: I am sorry, sir.

THE COMMISSIONER: I thought the last

one was 4B.

MS. CRONK: Those three were all 4A,

sir.

THE COMMISSIONER: Yes, you are right, maybe I just got ahead of you.

MS. CRONK: Sir, Tab 65, 66 and 67 are



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all Ward 4A.

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THE COMMISSIONER: All right.

MS. CRONK: Q. We know, Mrs.

Radojewski --

MR. ROLAND: Excuse me, sir, just one moment. My friend asked questions of this witness and she answered that the forms that we are looking at, these tab forms we are looking at was the same before September 1980 as it was after. I have reviewed, as I am sure my friend has, the evidence of, this was given by a pharmacist assistant, Ms. Umali, U-m-a-l-i, and she indicated in evidence that this form was revised in August of 1980. In fact when I look at the bottom of the form it says: "Revised August 1980". Now, I don't know what the previous form looked like, this form came into existence it appears August, 1980.

MS. CRONK: I am grateful to my friend, sir, I missed that.

THE COMMISSIONER: If you look at the next page, if you look at Tab 67, it has got "Revised February '79" at the bottom, and it is dated the 18th of March. I guess they were from time to time using up old forms.

MR. ROLAND: I guess that answers it, that is much the same.



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MS. CRONK: I am glad I have two friends, I had missed that, thank you.

Q. We know, dealing with what these requisition forms indicate Mrs. Radojewski, that on Sunday, March 22nd, Miss Rappaport found, on Ward 4A, six adult ampules and eight pediatric on the basis of the inventory that I showed you, correct?

> Α. Yes.

And it would seem, therefore, I would ask you to confirm this for me, that on the basis of the stock that was ordered up, if indeed it did come to the ward as a result of these requisitions, that at the very least, by Sunday, March 22nd, four adult ampules had been used, or were missing, were not there when Miss Rappaport did her inventory, and two pediatric; and that I suggest flows, and we will do it in two parts. There were 10 adult ampules ordered up we have seen, and she found six, so four were either used or were missing, is that correct?

> A. Yes.

There were 10 pediatric ordered 0. up in this time period, that is from the 23rd of February through to the end of March, and she found eight, so that two were used or were missing when Miss Rappaport did her inventory?



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Q. Or were borrowed, quite right, they were missing from 4A?

A. Yes.

Q. And that as I have suggested does not help us with the amount of other pediatric or other adult ampules that may have been on the ward and used before Miss Rappaport did her inventory on the 22nd of March, fair enough?

A. Yes.

Q. Can we look now to Tab 68 and do the same exercise with respect to Ward 4B. On Tab 68 there is a requisition form dated February 6th, 1981, and it appeared to me and I would ask you to confirm this, that one bottle of 100 ml digoxin elixir was ordered; 10 adult ampules of digoxin and 10 pediatric, is that correct?

A. On the copy I have I can't read how many adult, but the fact there are not many must have been --

Q. I am referring to the left-hand side of the page, and the strength there is shown as 0.25 is it not?

A. Yes.

Q. That is the adult, is it not?



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A. Yes.

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0. And I am showing you the original and it shows there were 10 ordered?

> A. Yes.

0. And as well there were 10 pediatric ordered?

> Α. Yes.

May I ask you to turn to the next tab, Tab 70, which is a requisition sheet dated February 23rd, 1981, that is the second in February, and it shows another bottle of the 100 millilitre elixir being ordered, but no ampules of either size, is that correct?

Yes.

Could I ask you to turn to Tab 69, which is a requisition for 4B dated March 12th, 1981?

> A. Yes.

Q. Do you have that?

A. Yes.

And it appears that on that day again a 100 millilitre elixir was ordered and this time 10 pediatric ampules, but no adult, is that correct?

> Α. Yes.



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Q. And then finally if you turn to Tab 71, we see one for seven days later, March 19th, and again a bottle of the 100 millilitres of elixir is ordered but no ampules, is that correct?

A. Yes.

Q. And what I am suggesting, and I am going to suggest, Mrs. Radojewski, is that on the basis of these requisition forms, and again making the assumption that it was delivered to the ward in accordance with the requisition forms, that between the period February 6th, 1981, which is the first one that we looked at, and March 19th, 1981, which is the last one we looked at, there were 20 pediatric ampules of digoxin ordered and 10 adult and four bottles of elixir, that is on the basis simply of these requisition forms, is that fair?

A. Yes.

Q. And again if you recall the inventory that Miss Rappaport did on Sunday, March 22nd, she found on Ward 4B 10 pediatric ampules and 10 adult ampules. So it would appear that you recall that there were 20 in total of the pediatric, and she found 10, that there were 10 either used, missing or borrowed, no longer on 4B when she was doing her inventory?





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0. And she found the same number of adult ampules as had been ordered on the basis of these requisition forms, there were at least 10 there when she did her inventory?

Yes.

Α. Yes.

Q. And again they don't help us to determine how much was actually on the ward at the time any of this additional ward stock was ordered, is that fair enough?

> A. Yes.

MR. BROWN: Mr. Commissioner, I am confused. With respect to Ward B my friend suggests there were a certain number of pediatric ampules missing.

MS. CRONK: Used, borrowed or missing. There were a total --

THE COMMISSIONER: You see, the total number ordered, forgetting about the ones that might have been there when the orders were made, you subtract from that the ones found in the inventory of Mrs. Rappaport, and you get a very simple mathematical answer but it doesn't necessarily tell us that much, because of course there could have been a lot more there, so a lot more could have been used,

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or a lot of them could have been borrowed by somebody else.

MR. BROWN: It just struck me if 10 pediatric ampules were ordered on March 12th and 10 days later 10 pediatric ampules were found, assuming that the ones that were ordered had replaced those which had been used, there is nothing missing.

THE COMMISSIONER: Well, I was relying upon Ms. Cronk to give the right answer, I am not too sure I was checking up on her.

MS. CRONK: The only point I was making, sir, is simply this, and Mr. Brown may be absolutely right, this may have been replacement stock. But the only requisition forms we have for Ward B that were filed at the preliminary hearing are these four. During the period of time covered by them there were 20 pediatric ampules ordered up to the floor and 10 were found on March 22nd.

THE COMMISSIONER: Yes. She is right about the full time. But another way of looking at it would be your way, to say they used up the first 10 before they ordered the next 10, so then that would - if we took that, which isn't necessarily - would mean the two were used, isn't that right?

MS. CRONK: Then I think I suggested





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that by the time Mrs. Rappaport did her inventory there were 10 that were either used, missing or borrowed.

MR. ROLAND: Sir, I take it from all this that we conclude, and maybe I am misunderstanding Ms. Cronk, but we can conclude as a maximum the number she said that were used, borrowed or missing are simply that, a maximum, but it may have been quite —

THE COMMISSIONER: It doesn't necessarily, there could have been some on hand at the beginning.

MR. ROLAND: That's right, if there were some on hand it would be less than that. In other words, the number she gives us are maximums if there were some on hand there would be fewer.

THE COMMISSIONER: I am sorry, there would have been more used if there were some on hand, because we have the final result at the end and then we have the number that were ordered.

MR. ROLAND: I think I have it, sir.

THE COMMISSIONER: And her figure is the minimum, but it is the minimum that is dependent upon nobody borrowing it from the - or nobody throwing them out the window or whatever you do with them.

MS. CRONK: That's right, whatever,



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breaking it, whatever.

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0. One final point on this Mrs. Radojewski, and I put these questions to you simply because of your experience on those wards, and because of the answers that you have given to Ms. McIntyre on this point. Mr. Roland has referred earlier to Miss Liliah Umali, and it is my understanding she was the pharmacy assistant on Wards 4A - I am sorry, responsible for checking the ward stock of drugs that went to Wards 4A/4B, do you know her?

> Α. Yes.

She testified at the preliminary 0. hearing and her evidence is found at Volume 23 and I would like to read a portion of it to you at page 28. She was asked this question during her examination in chief, I am sorry, sir, starting at line 10 on page 28:

> "Q. But you say there is no record before March 21st of the quantity of digoxin that would be on that floor on a daily basis?

- A. Oh, they do.
- O. Pardon?
- We don't keep it long we just



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"keep it about a month or three months then we throw it out.

- Q. You don't keep what Mrs. Umali?
- A. Like this for long.
- Q. The requisition form?
- A. Yes, we just keep it for a month or three months at the most.
 - Q. Then you throw it out?
 - A. Yes.
- Q. So there would be no record of how much digoxin had been requisitioned by the fourth floor prior to March 21st?

A. No."

To the best of your recollection Mrs.

Radojewski, were these ward requisition forms kept on an ongoing basis on Ward 4A or 4B, is a copy of them kept?

A. No. I know the ordering books for the narcotics and control drugs was carboned and I kept a copy on the ward. These were carboned but the whole form went down to pharmacy and it was my understanding they kept one and the other came back in a basket allowing us to check the stock we had received, what was ordered.



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Q. When it came back to the ward was it kept indefinitely?

> A. No.

Q. So when Miss Umali suggests as she did at the preliminary hearing that in the Pharmacy Department these records were kept for a month or two at the most and then thrown out, would you have any reason to disagree with that?

> Α. No.



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O. Then further on page 30 of her transcript at the preliminary hearing she was asked this question:

"Q. Do you have any record or did you notice any increase in the use of digoxin on 4A/4B after August of 1980?"

Her answer was:

"A. No."

My question to you, Mrs. Radojewski, do you have any record yourself, or are you aware of any record that records whether or not there was an increase in the use of digoxin on those wards during this nine-month period?

A. I have no record and I am not

Q. Thank you.

Mrs. Radojewski, you have been of great assistance to us and I thank you for your patience and your time. Certainly, in light of the time, I propose that Mrs. Radojewski now be excused and we take our lunch.

THE COMMISSIONER: Thank you, Mrs.

Radojewski, for the long session, which is now over.

We have had Miss Brownless available



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all morning. Obviously, it is too late to start now.

MS. CRONK: I regret that, sir. I suggest we start at our usual time, at 2:15.

THE COMMISSIONER: I will even be generous enough to make it 20 past, if you need that. MS. CRONK: 2:15 is just fine.

--- luncheon recess.





6mar84 AA RDrc --- on resuming at 2:15 p.m.

THE COMMISSIONER: Now, Miss Cronk wants me to make all the gloomy announcements.

We are going to make a royal effort to finish the next witness before the end of the week and that may mean sitting on Friday morning, it is certain, or perhaps even the whole of Friday. I don't know. It does mean this, though, that if by any remote chance we should get through earlier - we have no other witnesses to call; so, perhaps with that in mind, we might just manage to get on with it.

All right now, I am going to start at 9:30, I guess, every morning until it is obvious we are going to finish. We might sit later on tonight as well.

MS. CRONK: Thank you, sir.

The next witness is Miss Janet

Brownless.

JANET BROWNLESS, Sworn

MS. CRONK: Sir, before we start, it may be of some assistance to other counsel to know which children I intend to discuss in any detail with Miss Brownless. They are as follows: Richard McKeil, Antonia Adamo, Janice Estrella, Bruce Floryn, David Leith, Jordan Hines, Kevin Pacsai, Allana Miller and



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MR. TOBIAS: I take it that is indicative of the order you intend to canvass those?

MS. CRONK: It may be. It is at the moment, Mr. Tobias.

DIRECT EXAMINATION BY MS. CRONK:

Q. Miss Brownless, I am sorry for the housekeeping before we started.

As I understand it, you graduated in 1976 from White Oaks Secondary School as a Registered Nursing Assistant; is that correct?

A. That is correct.

 Ω . I am going to ask you to move a little bit closer, if you can. I realize it is a small witness box, but we will have difficulty hearing you if you don't.

A. Okay.

Ω. In August of that year, you obtained a position virtually upon graduation as a Registered Nursing Assistant at Scarborough Centennary Hospital, a position on the medical-surgical floor; is that correct?

- A. That is correct.
- Q. You worked on that ward for almost a year?



Brownless dr.ex. (Cronk)

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A. That's right.

 Ω . And in June 1977, while staying at the same hospital, you moved to the area of Orthopaedics; is that right?

A. That's right.

Q. And you worked in that area until November of 1979?

A. That is correct.

Q. And in that month you moved, still at the same hospital, to a general pediatrics ward where you worked until August 1980?

A. That's right.

Q. And in that month, that is

August 1980, we have heard you joined the staff at

The Hospital for Sick Children as a Registered Nursing

Assistant connected with the Cardiology Unit; is that

correct?

A. That is right.

Ω. It has been suggested to us,
Miss Brownless, in prior evidence that the actual
date of your commencement of employment with The
Hospital for Sick Children was August 25th. Does
that accord with your recollection?

A. Yes, it does.

Q. Were you hired at that time



Brownless dr.ex. (Cronk)

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as a staff member; that is, a Registered Nursing Assistant for Ward 4A?

- A. That is right.
- Q. And from August 25, 1980, continuing until today, have you continued to hold the position of a Registered Nursing Assistant with The Hospital for Sick Children?
 - A. Yes, I have.
- Ω . And have you continued to be employed on the Cardiology Unit, what has now become known, as I understand it, as one merged ward, Ward 4A?
 - A. Yes.
- Q. And you continue to work there as of today?
 - A. Yes.
- Ω. Your counsel, Mr. Olah, has been kind enough to provide us with a copy of the your curriculum vitae. Would you take a look at it for me, Miss Brownless, and just confirm, if you would, that it accurately sets out your educational and professional background that we have just reviewed.
 - A. Yes, it does.
- MS. CRONK: Could that be marked, sir, as the next exhibit, please.

THE COMMISSIONER: 378.



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--- EXHIBIT NO. 378:

Curriculum vitae, Janet Brownless.

MS. CRONK: Q. Do I have it correctly, Miss Brownless, that prior to joining the Cardiology Unit at The Hospital for Sick Children, you had no experience in cardiology per se?

- A. That is correct.
- Q. You had had approximately ten months', as I calculate it, experience in general pediatrics at Scarborough Centennary Hospital?
 - A. That's right.
- Ω . And you had some four years' experience in total as a Registered Nursing Assistant before starting at The Hospital for Sick Children in August of 1980?
 - A. That's right.
 - Ω. We have heard, Miss Brownless, again in prior evidence, that upon joining the staff at The Hospital for Sick Children, you were not initially given patient assignments immediately but, rather, took part first in an orientation course; is that correct?
 - A. That is right.
 - MS. CRONK: Mr. Registrar, would you show the witness, if you would please, Exhibit 335.
 - Q. These, Miss Brownless, are



the WIN sheets for Ward 4A.

Miss Brownless, we have heard from other witnesses their understanding as to when you effectively started on Ward 4A, and by that I mean when you commenced your first day shift with patient assignments and your first long night shift, but I would like confirmation from you as to certain of those matters.

I ask you to turn first, simply by flipping through the exhibit, to the week of August 25, 1980.

Do you have that?

- A. Yes.
- Q. As I read the WIN sheets for that week, you were on orientation from August 25th through to August 29th inclusive; is that correct?
 - A. That is right.
- Q. And did you, as part of the orientation course, actually work -- that is, be present in the Hospital for an 8-hour day on each of those occasions?
 - A. In the Hospital, yes.
- Q. Was any part of those days during that week spent physically on the cardiology wards?

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Α. I can't see which days for sure, but some mornings were, after the third day I think.

0. All right. I am having a little difficulty hearing you.

> Α. I'm sorry.

Q. After the third day of the orientation, you think some of the mornings were spent on the ward?

Yes.

0. When you were on the ward during that orientation phase, were you then under the supervision of any other nurses connected with the cardiology unit?

> Yes, I was. Α.

Ω. Did you, during that week, at any time have any patient assignments on the cardiology unit?

No, I didn't.

Ω. If I ask you -- I'm sorry, dealing on the same page, as you read the entries, you had the weekend of August 30th off; you were not on duty in the Hospital. Is that correct?

> A. That is right.

And then moving to the next Q.



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week, the week of September 1st, it appears, from September 2nd, the Monday, through to September 5th inclusive you were still on orientation?

A. That's right.

Q. Were any part of those days spent physically on the ward?

A. Possibly, in the mornings.

 Ω_{ullet} Do you recall now whether or not you did spend the mornings on the ward?

A. I can't recall for sure.

Q. Did you at any time during that week have any patient assignments?

A. I don't think so.

Q. If we look to the end of the week, it appears that, once again, you had the weekend off; that is, September 6th and 7th, but were back in the Hospital on the 8th of September?

A. That is correct.

Q. Just to back up for a moment.

During those first two weeks you have described, when
you suggested that you may have been on the ward
during the mornings, where would you have spent the
rest of the day when you weren't on the ward?

A. In the classroom, in the



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- A. The first floor.
- Q. On September 8th, according to the WIN sheets, you worked an 8-hour day, assigned to Ward 4A; is that correct?
- A. Would I be on the floor for the whole day?
 - Q. Yes.
- A. I am not sure if I was on the floor for the whole day. I would have to see the assignment book.
- Q. We can check that in a moment.

 Would I be correct in suggesting that
 the first full day during which you had any patient
 assignments on the cardiology unit would be September
 8th?
- A. I'm not sure until I check the assignment book. I'm sorry.

MR. OLAH: Page 146.

MS. CRONK: Q. Miss Brownless, I am showing you the assignment book for Ward 4A for September 8, 1980 and, on my reading of it, it appears you did have patient assignments that day. You were assigned to four patients in Room 425 - that may be,



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in fact, five patients - and one in Room 423.

Is that correct?

- That's correct.
- All right.

My quick review of it, Miss Brownless and I can tell you I have reviewed this before - it does not appear at any time prior to Monday, September 8th, that you were assigned any patients on the cardiology unit. Does that accord with your recollection?

- Yes, it does.
- Thank you.

Moving through the assignment sheets to the next week, it appears that on September 13th and September 14th, the weekend again, you were off.

- That is correct.
- 0. On September 15th and 16th you appear to have worked long days.
 - That's right. A.
 - 0. That is a 12-hour day?
 - Α. That's right.
- And on September 17th and 18th, Q. once again, you appear to have been off.
 - That's right. Α.
- Q. Am I correct that September 19th is the first occasion when you were posted to

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long night duty on the cardiology unit?

That's right. Α.

0. And working that same night with you, according to the 4A WIN sheets, were Miss Susan Nelles, Mrs. Sui Scott and Mrs. Christie; is that correct?

> Α. That's correct.

0. Who oriented you to long night duty at the Hospital?

> A. Susan Nelles.

0. Was that the first time: that is, on September 19th, that you had -- I'm sorry, perhaps we can back up.

Could I ask you to go back and look again at September 9th, if you would, please.

> Α. All right.

Q. According to my review of the WIN sheets, September 9th, when you worked days, was the first time you had worked at any time with Sui Scott. She was working a 12-hour long day. Does that accord with your recollection?

That I...?

Q. Was the first time you worked with Mrs. Scott?

> A. She worked on the floor at



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the same time but I don't recall being there --

Q. I'm sorry, that you both were working on the same day on the same ward?

A. That's right.

Q. Then if you would look at September 10th, the very next day, it appears to me that, once again, you were working on the ward, this time with Susan Nelles and, according to the WIN sheets, that is the first time you were both working on the floor together?

A. That is correct.

Q. And that appears to have been the case on September 10th with Mrs. Christie as well?

A. That is correct.

Q. Then, as you have indicated,
September 19th was the first time you had worked
long nights and you proceeded to do so for several
days, including that weekend, and, if we move then
to September 22nd, it appears that you had September
22nd and 23rd off. On the 24th you worked long days.

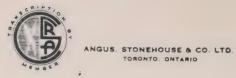
A. That's right.

Q. Do you see that?

A. Yes.

Q. And according to the WIN sheets, that is the first time during the month of





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September when it would have been possible for you to meet Mrs. Trayner, as she had been away and was returning to work on long night duty that night.

Did you, in fact, meet Mrs. Trayner on September 24th?

A. I don't recall meeting Mrs. Trayner or seeing who she was until the morning of the 25th.

Q. All right, the morning of the 25th. You worked long days; she was working long nights. So, she would have been coming off work as you were coming on work?

A. That is correct.



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Q. Prior to commencing your employment at the Hospital for Sick Children, had you met at any time either Sui Scott, Susan Nelles, Phyllis Trayner or Marianna Christie?

A. No.

Q. You met them all I take it then for the first time although on varying dates when you came to work on the cardiology unit?

A. That's right.

Q. Once you did formally start on Ward 4A, can you tell me please in general terms what you understood to be your responsibilities and duties as a registered nursing assistant on the cardiology unit?

A. General bedside care, observing children, vital signs and meeting their physical and mental needs.

Q. All right. Can you think of anything else that was a specific responsibility of a registered nursing assistant on those wards?

A. Not right now I can't.

Q. We have heard in prior evidence from a number of witnesses, Ms. Brownless, that registered nursing assistants on Wards 4A and 4B were not authorized to, nor were they permitted in practice



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to administer medications to patients on those wards. Was that your understanding of the restrictions that applied to registered nursing assistants?

- A. That's correct.
- Q. Were you informed of that rule if you will during the course of your orientation on those wards?
 - A. Yes, I was.
- Q. Were you as a registered nursing assistant permitted in practice to participate in the feedings of children on the wards?
 - A. Yes, I was.
- Q. All right. Can you explain for me please whether there were particular types of feedings which you could undertake as a registered nursing assistant or were you permitted to feed a patient in any manner whatsoever?
- A. We could PO feed a child but when it came to NG feeding we weren't allowed to check the tubes, we had to have an RN check it before each feed.

THE COMMISSIONER: Excuse me, I think if you just bring that machine a little closer to you.

MS. CRONK: I'm not sure it came



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closer, sir, but it almost came off.

THE WITNESS: I'm sorry.

THE COMMISSIONER: No, no. Just get a little bit closer to it and we might be able to hear you.

THE WITNESS: Is that better?

THE COMMISSIONER: Well, we will try it there.

MS. CRONK: Q. You were starting to say Ms. Brownless, that as I understood what you said you could orally feed a child?

- A. That's correct.
- Ω . And you referred to that as PO feedings.
 - A. That's right.
- Q. And could you as well feed a child by use of a nasal gastric tube, NG feedings?
- A. If the RN checks the tube first and it is in place, we could put the feeding through.
- Ω . Right. Could you for example start an NG feeding by inserting or passing the tube?
 - A. You mean myself passing the tube?
 - Q. Yes.
 - A. No, we weren't allowed to pass



Brownless dr. ex. (Cronk)

1 2 the tube. 3 Was that a responsibility restricted Q. and reserved for registered nurses? 4 That's correct. Α. 5 Or I take it for physicians? 0. 6 Α. Usually the nurses did it. 7 All right. Could you for example Q. 8 stop a nasal gastric feeding? 9 Yes, I could. 10 Could you have, in the course of your normal duties, any responsibility for children 11 who were on intravenous therapy of any kind? 12 Yes, I could. 13 All right. And in that sense 0. 14 could you tell me please what you were permitted to 15 do and what you were not permitted to do? 16 If we had a child that had an I.V. we weren't allowed to regulate the I.V. flow but 17 we could watch to see if the I.V. went interstitial. 18 0. And when you say an I.V. going 19 interstitial, what do you mean by that term? 20 Coming out of the vein and going Α. 21 into the tissue. 22 Would that be the tubing itself? 0. 23 No, the needle or the angio Α. 24



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that was in the child.

And if an I.V. had gone inter-Q. stitial were you as a registered nursing assistant permitted to stop it, to disconnect the I.V.?

Α. No, we weren't, we had to get an RN to check it and if it was out they took it out.

0. Could you start an I.V. apparatus in respect of a patient?

- Could we start an I.V.? Α.
- Ω. Yes.
- Α. No, we could not.
- Ω. So, when you say that you could deal with patients who were on intravenous, I take it that you could observe and watch children who were receiving intravenous therapy?
 - Α. Yes, we could.
- 0. All right. Did you have any responsibilities other than in general terms with respect to the taking of vital signs on children?
 - Could you repeat that, I'm sorry.
- Ω. Did you have any responsibilities other than in general terms with respect to the taking of vital signs?
 - Other than feeding and observing Α.



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the child.

- Q. I'm sorry, I have been confusing that. I take it as a registered nursing assistant you could take vital signs on a patient?
 - A. Oh, sorry. Yes, we could.
 - Q. Is that part of your normal

duties?

- A. Yes, it was.
- Q. Were there any particular assessments of a patient's condition that you were not permitted as a registered nursing assistant to make?
 - A. I can't think of any right now.
- Ω. All right. Could you involve yourself in the transcribing of doctors' orders, for example?
 - A. No, we couldn't.
- Q. Is that a function reserved to registered nurses?
 - A. Yes, it was.
- Q. Can you think of any function or service that was routinely performed for patients on the cardiology unit that registered nursing assistants could not perform or provide, other than those you have outlined?
 - A. I can't think of any at the present

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All right. Well, if you do, 0. would you let me know?

> All right. Α.

0. During the course of your orientation at the hospital were you taught how to work cardiac monitors?

Α. When I went to 4A I was taught how to work a cardiac monitor.

Was that during your orientation 0. on the ward itself?

Yes, it was.

Were you similarly taught how Ω. to work apnea monitors?

> Α. Yes, we were.

Were you taught how to read cardiac monitor printouts?

Not to read the different strips but if it was an irregular heartbeat we could bring it to the attention of the RN.

And you knew how to start I take it both monitors and observe whether or not they were functioning properly?

> A. That's correct.

0. Were you taught how to use a



Sage pump?

A. No, I wasn't.

- Q. At any course during the nine months -- I'm sorry, I should back up. As you know, this commission is interested in the events which took place on this ward during the period July,1980 through to March 22nd, 1981. At any time during that nine months were you taught or authorized to use the Sage pump in the sense of starting it or processing a medication so that it could be used with a Sage pump?
 - A. I was never taught.
- Q. Were you permitted under any circumstances as you understood it to attach a syringe to a sage pump for the purposes of allowing a medication to run through to the child to whom it was attached?
 - A. No, I was not allowed to do that
- Q. Were you taught during your orientation either generally or your orientation on the ward specifically how to use an IVAC?
 - A. Not during that period, no.
 - Q. All right. I take it at some

point you were?

A. We can now.



thing?

of what?

tubing.

Brownless dr. ex. (Cronk)

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 $\ensuremath{\text{Q}}.$ That was after the events at the end of March, 1981?

A. Yes, it was.

Q. All right.

THE COMMISSIONER: What was this last

MS. CRONK: I'm sorry, I had understood the witness to say that after March, 1981 they were permitted to use an IVAC as a registered nursing assistant. An IVAC -- well, perhaps you can help us. Can you tell us in basic terms what an IVAC does?

A. It regulates the flow of an I.V. drip.

THE COMMISSIONER: Regulates the flow

THE WITNESS: The I.V. drip down the

THE COMMISSIONER: Oh, yes. This is part of the intravenous equipment, is it?

THE WITNESS: That's right.

MS. CRONK: Q. Am I correct in my

understanding --

THE COMMISSIONER: I'm sure I have seen it. Could we just have that diagram?

MS. CRONK: I think, sir, if you will



machine.

permit me for just a moment there may be some element of confusion here.

- Q. Am I correct in my understanding Ms. Brownless, that an IVAC is, as you have suggested, a control mechanism to control the flow rate of a fluid or a medication through an IV apparatus?
 - A. That's right.
- Ω . Is it in fact part of a standard I.V. apparatus?
 - A. What do you mean?
- $\label{eq:omega_set} \Omega \text{.} \qquad \text{Is it physically part of an}$ I.V. apparatus?
 - A. No, it's not, it's a separate
- Ω . It's a separate machine that can be attached to the patient at the same time that an I.V. is running?
 - A. That's right.
- Q. You can see, sir, that I have a great fear of bringing out the I.V. apparatus yet again and I will avoid it at all costs.

THE COMMISSIONER: No, it wasn't the apparatus I wanted, I just wanted the picture. I take it it's not on. It is Exhibit 306 and it is not on that exhibit.



Brownless dr. ex. (Cronk)

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THE WITNESS: No, it's not.

THE COMMISSIONER: It is not on that.

THE WITNESS: No, it's not.

THE COMMISSIONER: All right.

MS. CRONK: Q. Generally speaking, Ms. Brownless, when an IVAC is running or is being used in connection with a patient does it sit on the

floor or the bedside table beside the patient as distinct from being attached or connected directly to

A. It's connected to an I.V.

pole.

the I.V. apparatus?

Q. All right. Do I have it correctly, Ms. Brownless, that at no time during this nine month period, July, 1980 through to the end of March, 1981 were you formally assigned to any particular nursing team?

A. That's correct.

Ω. Were you at any time told as a registered nursing assistant on the ward that it was intended that you work with a particular team as often as possible?

A. I was never told I would work with a particular team, no.

Q. It's been suggested in our hearings



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that you were, what could be described perhaps as a floating staff member, that is, that you could be assigned as an RNA to work with any of the four nursing teams on Ward 4A?

- Α. That's right.
- Is that correct 0. Mr.

Registrar, could you show the witness please Exhibit 375 if you would.

Ms. Brownless, have you ever seen this exhibit before?

- Yes, I have.
- All right. It has been provided to the commission by Mr. Olah and it sets out, as we understand it, the shifts which you worked during the nine month period with which we are interested. It appears that you worked the majority of your shifts with Marie Mandal's team. Do I have that correctly?
 - That's right. Α.
- 0. And if we look at your long day shifts, by my rather poor arithmatic and times it appears that you worked 29 long day shifts with the Mandal team as compared with 12 long day shifts with Phyllis Trayner's team.
 - Α. That's right.
 - All right. Could we do the same Ω.



thing for the long night shifts? It appears that you worked 16 long night shifts with Phyllis Trayner's team while you worked almost as many, 15, with Marie Mandal's team, is that correct?

- A. That's right.
- Q. By a slim margin of 1 you appear to have worked more long nights with Phyllis Trayner's team than any other team during that nine month period, is that correct?
 - A. That's right.
- Q. You certainly had occasion to work a great many long night shifts during the entire nine month period, it would appear to be some 31 long nights in total.
 - A. That's right.
- Q. All right. We have heard from various witnesses who have testified before you, Ms. Brownless, as to the procedures which applied when one nurse served as relief on another ward. Quite apart from your nursing assignments on Ward 4A, whatever shift it might be, were there occasions when you were assigned to serve as a relief nurse in other areas of the hospital?
- A. Yes, it was, after my three months' orientation you are on probation for three



months, which would be to the end of November and then after that I was allowed to go into other parts of the hospital.

- Q. And prior to the end of

 November you were not permitted to serve as a relief
 nurse on the ward?
 - A. That's right.
 - Q. Did that include 4B as well?
 - A. That's right.
- Ω . And did you on occasion find yourself assigned when you came on to duty or during the course of your shift to work as a relief nurse on Ward 4B?
 - A. After November?
 - Q. Yes, I'm sorry.
 - A. Yes.
 - Q. All right. We've heard again

from a number of witnesses with respect to the breaks or the time for breaks that were taken during the course of a long day shift on Ward 4A and 4B and we have heard from some witnesses as to the breaks that were taken during the course of the long night shifts. Given your experience with long night shifts



on those wards I am interested in having your views and your recollection of the procedures that were in place as well.

We have heard that nurses on long night duty, during the course of a 12 hour shift, were technically entitled to one hour and 45 minutes in total for break time. Does that accord with your recollection?

- A. Yes, it does.
- Q. All right. Can you tell me please during which hours was it usual that nurses would take their first coffee break on a long night shift on 4A or 4B?
- A. A lot depends on your assignment and it is usually after 9:30 or 10:30 you have your first coffee break.
- Q. All right. Would that apply to registered nursing assistants as well?
 - A. Yes, it did.
- Q. And how long was that first coffee break normally?
- A. There was no set time how long you could take, we just sort of took it by our assignments and worked our coffees around our assignments and our feeds and our vital signs.



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	Ω.	And were there	hours during the
course of	that 12 hour	shift when it	was normal for
nurses or	RNA's to tak	e their lunch	or dinner break?

A. We usually tried to take it any time after midnight until 2 or 3 in the morning to eat our supper.

Q. And again was there any understanding or procedure as to how long a nurse or an RNA would generally take for her lunch or dinner break?

- A. There was no set time, no.
- Ω . As a matter of practice and what you observed and what you yourself did, how long did those breaks generally last, or did that vary from woman to woman?
 - A. It varied from moment to moment.
- Q. I think I said woman to woman and you said moment to moment, it's the same thing.

Were there particular times during the course of a long night shift when the nurses and the registered nursing assistants tended to take their coffee break?

- A. I'm sorry?
- Q. Was there a particular time?
- A. There is never ever a set time



Brownless dr. ex. (Cronk)

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on nights.

Q. All right. And after nurses had taken their lunch or dinner break, and you have told us that that would usually be between the hours of 12 and 2 or 3:00 in the morning, I take it that there would be occasions when they would take a formal second coffee break and go to the nursing station or at least leave the patient's room for the purpose of having a break.

- A. That's right.
- Q. Could that occur at any time after 3:00 up until the end of that shift?
 - A. That's right.
- Q. We have heard for example from other witnesses that there were some time periods during a long night shift that were particularly busy. Mrs. Radojewsk has told us that the start of the shift at 8:00 was a particularly busy period because vital signs were normally taken on children at that time. Does that accord with your recollection?
 - A. Yes.
 - Ω . Was that a busy time on the long

night shift?

A. That's right.



Q. All right. And similarly we have heard that 9:00 at night was a time when medications were given to a number of patients on the wards and for those nurses who were involved in the giving of medications that was similarly a busy time.

A. That's right.

 Ω . All right. After 8 and 9:00 at night, what are the time periods that you would describe as being the busiest periods during the course of a long night shift?

A. After 8 or 9:00?

Q. Yes.

A. To the next time that we were

busy?

midnight.

Q. Yes.

A. Next busy time would be around

 Ω . And why is that?

A. Because some of our children were on 12:00 vital signs and if you had babies there would be feeds and then the next busy time would be starting around 4 and if you had a lot of feeds to do and vital signs you could start earlier than that.





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Q. By starting earlier, could it start to be busy as early as 3 in the morning?

A. That's correct.

Q. And that would continue through until 4 o'clock, depending on the number of patients that you had?

A. It could continue even longer than that, yes.

Q. And would it be fair to suggest at the time immediately before shift change was yet another busy period on the long night shift, because nurses had responsibilities for charting and for completing vital signs and all their other responsibilities with respect to their patients before the shift end?

A. That's right.

Q. And on the basis of those busy periods, would it be fair to suggest that if a nurse on a long night shift was going to take a second coffee break, that she would try to take it at a time that did not conflict with one of the busy periods in which she had other responsibilities?

A. That's right.

Q. If she had taken her lunch or dinner break some time between 12 and 2, or 3



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2 o'clock, would it be fair to suggest then that she would try to take her next coffee break before 4 3 o'clock? 4 If she wanted another coffee, A. 5 yes. 6 Where in your experience did Q. 7 the nurses on long nights normally take their breaks? 8 A. In the 4B conference area. 9 Were there occasions when the 0. nurses took their breaks at the nursing station? 10 The nursing station at the A. 11 back, that's what I meant, where 4B took their report. 12 Q. Perhaps you can explain that 13 for us. The layout of the ward has been marked as 14 Exhibit 337; we have heard that at the back of the 15 nursing station there is what is described as a 16 conference area. That's right. Α. 17 There were tables set up there Q. 18 were there not? 19 Two tables, yes. A. 20 And was that the location 0. 21 where nurses would sit down and do their charting? 22 That's right. A. Q. And as well if they were going 23





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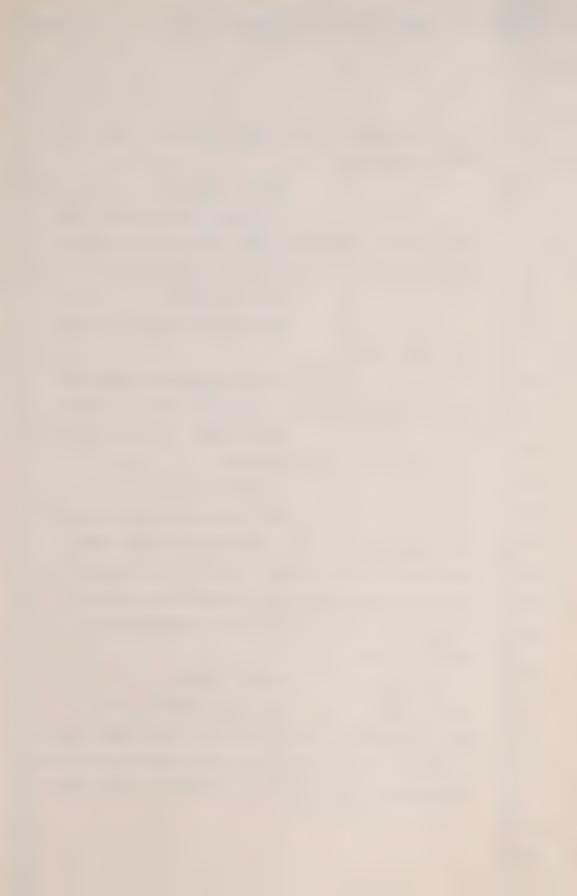
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to have a coffee at the nursing station is that where they would do it?

- That's right. A.
- Are you telling me then that Q. the Ward 4B nurses took their report at the start of a shift in that section of the nursing station?
 - That's correct. A.
- Q. Where did the Ward 4A nurses take their report?
- A. In the conference room which is down the centre hall, you don't have it on there.
- You say down the centre hall, Q. is it along the south corridor?
 - That's correct. Α.
- 0. Were there occasions of which you are aware during that nine month period when you observed nurses taking a break from their patients and going down to the vending machine area of the Hospital, or going down to get a newspaper, that kind of thing?
 - Α. That's right.
- Q. Generally speaking was it your understanding and observation that nurses tended to take their break and spend their break time on the ward either at the nursing station or at some other



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2	location on the ward?
3	A. That's correct.
4	Q. Were there places on the ward
	where nurses tended to spend break time other than
5	at the nursing station?
6	A. Occasionally if the girls
7	smoked they went down to 4, where 4A got report in
8	the conference area.
9	Q. Was smoking permitted amongst
10	the nurses at the nursing station?
11	A. No, it wasn't, there was no
	set rule, but the girls just didn't smoke back there.
12	Q. We have heard something about
13	constant nursing care as well. As a registered
14	nursing assistant during this nine month period of
15	time, Miss Brownless, were you ever requested to
16	assume constant nursing care duties?
17	A. I never looked after anyone
18	on constant nursing care, no.
	Q. Were you ever requested to
19	relieve a nurse who had been assigned to constant
20	nursing care duties?
21	A. For lunch or supper?
22	Q. Yes.
23	A. No, I didn't.



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2.	•	wnat	apout	4A	corree	break:

A. I don't recall 4A coffee break, but if they had to go to the washroom, or go to get supplies, I can't say I didn't stand there by a child while they ran to get something.

Q. I take it then that there were occasions both in which you may have been involved, or in which other RNA's may have been involved, where an RNA could relieve for a few moments a nurse who was assigned to constant nursing care duties?

A. That is correct.

Q. If that were to occur, was there any record of that kept in a formal or informal fashion on the ward as far as you are aware?

A. No, there was no record as far as I am aware.

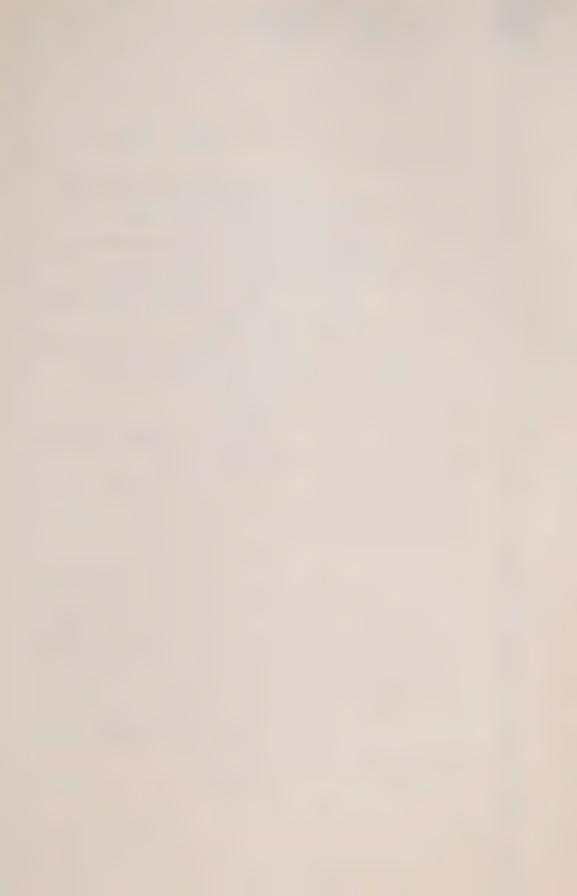
Q. Apart from the informal absences from a patient's room that a nurse on constant nursing care might take, she would take her formal breaks during the night at least for purposes of having a coffee break, if not two, and lunch or dinner. During those periods, to the best of your recollection, was there a record kept of who relieved nurses when they took those breaks?

A. I don't recall a record being



kept,	no,	when	they	took	their	breaks	or	who	was	to
relie	ve tl	hem.								

- Q. Concentrating still on the long night shift, Miss Brownless, was there in practice a particular individual who you observed to be relieving constant nursing care nurses?
- A. Usually the team leader would relieve the constant care nurses.
- Q. And on occasion would the team leader delegate that job or that responsibility to another nurse on the floor?
- A. If she was extremely busy, yes, she would delegate it to somebody else.
- Q. And if she did delegate it to somebody else was a record kept of that?
 - A. I don't think so.
- Q. Can you help us as to what your personal general routine was during the course of a long night shift. I take it if you were working a 12 hour long night you would be required to arrive on the ward at approximately 7:15 p.m.?
 - A. That's correct.
 - Q. As a matter of practice
- when did you arrive on the ward?
 - A. 7 o'clock.



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			Q.	What	was	the	first	thing	you
did	after	you	arrived?						

A. I would check the assignment book to see what my assignment was. I would collect my cardexes up to see what my assignment was. I would collect my cardexes up and I would go down to 4A conference room and start writing out my assignment and take report.

Q. As a registered nursing assistant were you required to be at report at the start of every long night shift?

A. That's right.

Q. And as a 4A nurse, if you were working on 4A, did you always take that in a patient conference room rather than at the nursing station?

A. 4A always took it in the patient conference room, yes.

Q. How long would report normally take, in your experience?

 $A_{\bullet_{\bullet}}$ It would take anywhere from 45 to 50 minutes.

Q. Did it ususally start promptly at 7:15 in the evening?

A. Yes, it did.



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Q.	What would you do after you
had taken report?	
A.	I would put my cardexes away
and go to my room and	check my children.
Q.	Would you, as any part of you
normal routine, review	the charts, the medical chart
of the patients to who	m you had been assigned?
Α.	During that nine month period
Q.	Yes.
Α.	Not when I first started
shift, no.	
Q.	Subsequently did that become
your practice?	
Α.	Yes it has.
Q.	During that nine month period
or after that?	
Α.	After.
Q.	So as a normal matter you
would not review the me	edical chart of the children
assigned to you for the	e evening?
Α.	Not at the beginning of the
shift, out of interest	later on in the shift I might
have read the progress	notes.
Q.	If you arrived on the ward
at 7 o'clock and the sh	ift formally started at 7:15



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and you have told us that the report usually took 45 to 50 minutes, would I have it correctly that the first time that you would be entering any of your patient's room, according to your normal routine, would be approximately 8 o'clock at night?

- That's correct. A .
- Was that always the time when 0. normally vital signs were taken on patients on the ward?
 - That's correct. A.
- And did you as an RNA have Q. any involvement in the giving of medications at 9 o'clock at night?
 - No. I did not.
- As an RNA I take it the team leader or her delegated nominee, or substitute nurse, would give your medication for you, is that correct?
 - That's right.
- Was there ever an occasion 0. during this nine month period which you can now recall when you administered medications to any of your patients for any reason in lieu of the team leader or anyone else that she might have nominated?
- A. I never administered any medications to any of my children.



	Q. When it was time for the
medications to	be given at 9 o'clock, what involvement
would you have	with the team leader, if any, to ensure
that they were	given both in a timely fashion and
to the right pa	atient?

A. I can't recall if I did it all the time, but I would show the team leader my cardexes so she would know which children were on medication. After the medications were drawn up, and if I had babies, she would - after she gave the medication, so it would be a lot faster I would set up the children for her.

Q. As in normal matter would you be present in the patient's room when the team leader administered the medication to your patients?

A. In most cases, yes.

Q. As a normal matter would you be present when the team leader drew up the medication that was to be administered to your patient?

A. No.

Q. Would you as a matter of course throughout the evening review the doctor's orders which applied to the children that you had been assigned to?





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order?

A.	On r	nic	gh	ts	?
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Q. Yes.

A. If there was a flag order I would read what it said, yes.

Q. What do you mean by a flag

A. When a doctor writes an order on the chart there is a little red flag that comes out, a doctor's order, which means there is a new doctor's order on the chart, and I would read it, what they wanted, and if it was anything of great importance I would bring it to the attention of the RN.

Q. I am interested as well in what you did as a matter of normal routine with the cardex cards. You have told us that when you came on duty at work you would take the cardex cards for the patients that were assigned to you and take them with you to report, and you would then receive report, do I have it correctly so far?

A. That's right.

Q. Would you at any point at the beginning of a long night shift make your own notes from the cardexes of your patients to refresh your memory, or to have them available during the course



sheet, yes.

you.

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of the night, as to what was to happen to those patients?

A. I would write a little chit

Q. I am sorry, I didn't hear

- A. I called it a chit sheet.
- Q. Did you sit down and actually make entries from the cardexes on a separate piece of paper that you could have with you?
 - A. That's right.
- Q. Did you as a normal matter do that for each patient that was assigned to you?
 - A. That's right.
- Q. By September 8th, 1980, which I suggest to you was your first formal day on the wards, on Ward 4A, there had been some 12 deaths on Wards 4A/B commencing the period June 30th, 1980. When you started on the wards, were you told by anyone that there had been a series of deaths over the seven months?
 - A. No, I wasn't.
- Q. Did you know for example that Laurette Heyworth had died on September the 2nd?



A. I was aware that she had died
that day, yes.
Q. How did you become aware of
her death?
A. After she died one of the
nurses, I don't recall who, told me that the child,
and I can't recall what room she was in, had died.
Q. Did you know there was another
death in September as well, that of Brian Gage who
died on September the 25th, that was at a time when
you had effectively started on the wards. Were you
at any point involved in the care of this child?
A. I never cared for the child,
no.
Q. Do you recall any of the
circumstances surrounding his death?
A. No, I don't.
Q. Does his death stand out in
your mind at all for any reason?
A. Yes it does, it is the first
time that I saw Phyllis Trayner, was the morning
after.
Q. And did you formally meet
her at that time?
A. No, she was pointed out to me.



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			Q. '	Do	you	recall	what	was	said
by	the	person	pointing	hei	c out	to yo	ou?		

- A. That is too bad that after Phyllis' honeymoon her first night back that she had the cardiac arrest.
- Q. I take it that was the only on the basis of what you have told me, that was the
 second arrest or death of which you had ever heard
 on this ward since you had started there?
 - A. That's right.
- Q. Do you recall any discussions at all amongst any of the nurses concerning either the death of Laurette Heyworth or Brian Gage?
 - A. No, I don't recall.
- Q. During the course of this, I take it some brief discussion, the morning after Brian Gage died, was there any expression of concern made in your presence by any of the nurses who had been on duty the night the child died?
 - A. Not in my presence, no.
- Q. What was the first arrest in which you were involved working on 4A/4B?
 - A. McKeil.
 - Q. That is Richard McKeil?
 - A. That's right.





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2	Q. He died on October the 15th
3	at approximately 4:27 in the morning on 4A. As I
4	understand it you worked long nights on October the
5	14th, the night he died?
6	A. That's correct.
7	Q. Would you turn to the Ward 4A
	assignment book. Mr. Registrar, could you give the
8	witness please Exhibit 32C. I would ask you to look
9	at the entries of October 14th.
10	MR. OLAH: Page 40.
11	MS. CRONK: Thank you, Mr. Olah.
12	Q. Page 40 and 41, do you have
13	that Miss Brownless?
	A. Yes, I do.
14	Q. According to the summary book
15	you were assigned that evening to the care of one
16	child in Room 418, four children in 425, and one
17	child in room 423, is that correct?
18	A. That's correct.
19	Q. And we can see from the
20	evening shift entries for 4A that Richard McKeil
	was in room 418, is that correct?
21	A. That's correct.
22	Q. Were you assigned to his care
23	that night?

that night?

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Brownless, dr.ex.
(Cronk)

A. No,	7 I	иa	sn	't
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Q. We see as well that Mrs.

Trayner was in charge that evening, and in addition she had two patients in room 426. Miss Nelles had four patients in room 418. Mrs. Christie had six in 421, am I reading that correctly?

- A. That's correct.
- Q. It appears to me on the basis of these entries then that there were a total of five children in Room 418, and that Richard McKeil was assigned to the care of Miss Nelles, is that correct?
 - A. That's correct.
- Q. I take it inasmuch as you had some six patients that evening, you would have been in and out of room 418 on a number of occasions to attend to the child assigned to you in that room?
 - A. That's right.
- Q. You would as well, however have had to care for five children you had in those two other rooms, and you would not have been in room 418 for substantial periods of time through that shift, is that fair?
 - A. That's right.



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		Q.	You	re	call	now	what	the	
condition	of	your	children	L,	your	pati	ents	were	that
evening?									

Α. I can't recall for sure, but they were fairly stable.

All right. Were there, as a 0. matter of routine, were registered nursing assistants assigned to very sick children on Wards 4A and 4B?

Not usually. They were assigned to the more senior RN.

Q. What I am awkwardly trying to suggest, Miss Brownless, is was there a particular patient that night that you can recall having had a sufficiently serious condition that he or she took up a substantial portion of your time that evening or was there any child that fell into that category at all amongst those assigned to you?

> A. I don't recall.

If I could ask you to look to the layout of Wards 4A and 4B, we know that Mrs. Christie had six children in Room 421 that evening. That is the room immediately beside Room 418.

- A. That is right.
- Q. And it is a six bed room, so it



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in 418.

sorry.

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would have had a full occupancy that evening?

A. That is right.

0. Mrs. Trayner had two children in Room 426. Am I correct that that is down the hall from Room 418 and 421 on the opposite side?

> Α. That's right.

0. In addition to Susan Nelles and yourself, who both had patients in Room 418 that evening, do you recall at any time, prior to the arrest of Richard McKeil, seeing any other 4A nurse in 418 during the course of that shift?

I recall seeing Phyllis and Sue there, but I can't recall seeing anyone else.

THE COMMISSIONER: I am sorry, I

couldn't hear that. You recall Phyllis?

THE WITNESS: Phyllis and Sue being

THE COMMISSIONER: Oh I see, I am

MS. CRONK: Q. We know that Ms. Trayner was in charge that evening and we know you were assigned to one patient in Room 418. Am I correct that in accordance with the normal routine any medications which had to be given to your patient in 418 would have been given that night by Mrs. Trayner?



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- A. That is right.
- Q. Were you present when Mrs.

Trayner gave the required medications, if any, to your patient in 418?

- A. I don't recall.
- Q. Do you recall now what time it was that you saw Mrs. Trayner and Miss Nelles in Room 418?
 - A. The first time?
 - Q. Yes.
- A. I can't say the exact time, but approximately around 9 o'clock when the medications were to be given.
- Q. To the best of your recollection did you see Mrs. Trayner in 418 at any other time that night?
 - A. Yes I did.
 - Q. Do you recall when that was?
- A. I can't say for sure. It was just before Richard McKeil arrested.
- Q. Perhaps we will come to that in a moment. Can I ask you now to look -- I am sorry, Mr. Registrar, could you give the witness, please, Exhibit 334, which are the WIN sheets for Ward 4B. Could you look to the night of October 14th on the



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WIN sheets?

ANGUS, STONEHOUSE & CO. LTD.

Α. I have two WIN sheets.

I am sorry, there should be one for 4B and one for 4A. Exhibit 334 is 4B. Could you look to the entries for October 14th. Do you have that?

> A. Yes.

According to the WIN sheets it appears that the Ward 4B nurses, who were working the 12 hour long night shift that night, were Mrs. Bell, Mrs. Bracewell, Mrs. Halpenny and Mrs. Lyons; is that correct?

> A. That is right.

0. Do you recall what Richard McKeil's conditon was when you first saw him that evening?

> A. I don't recall.

Q. Do you recall whether or not he was, as you understood it, on constant nursing care or shared nursing care?

Would you repeat that?

0. I am sorry, perhaps there is another way to do it. We know that Susan Nelles was assigned four patients in Room 418 that night, one of whom you told us was Richard McKeil, and I take it that



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24 25 we can properly conclude from that that he was on neither constant care or shared care nursing.

> That is right. A.

Mr. Registrar, could you show the witness, please, Exhibit 62, which is Richard McKeil's medical chart.

May I ask you to turn to page 90 if you would, please, Mrs. Brownless.

> A. Pardon me?

0. Page 90.

THE COMMISSIONER: 902

MS. CRONK: That's right.

This is the medication of treatment record for Richard McKeil. I draw your attention to the entries of October 14th, which appear in the bottom side of the page. You have told me that, to the best of your recollection, you believe it was approximately 9 o'clock at night when you saw Mrs. Trayner and Miss Nelles together in Room 418?

> Α. That's right.

0. Were you there at the time?

A. I don't recall.

Q. Was there anyone else there

that you can now recall?

A. No.



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Q. Were you in the room?

A. I can't say for sure if I was in the room or not.

Q. How do you know they were there?

A. Other than Phyllis doing my

meds.

Q. You are assuming she would have been there at that time to give medications to your patient that needed to be given?

A. That's correct.

Q. I see from Richard McKeil's medication record that this child received two medications at 10 o'clock that night, Lasix at 10 o'clock, which was signed for by Miss Nelles, and Aldactone signed for by Susan Nelles again at 10 o'clock. Do you see those entries?

A. Yes, I do.

 \mathbb{Q}_{\bullet} Did you see either of those medications being given? \bullet

A. I can't say for sure, but no.

Q. Do you recall one way or the

other?

A. I didn't see them being given.

Q. Did you see anyone that night, at any time prior to Richard McKeil's death,



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administering any medications to him?

ANGUS, STONEHOUSE & CO. LTD.

No, I didn't see anyone give Α. him any medications.

Did you at any point that evening observe anyone feeding Richard McKeil when you were in Room 418?

> I can't say for sure. A.

Q. I take it you don't recall?

I don't recall.

Could I ask you to turn to page This is the long night nursing note 80, please. apparently completed by Miss Nelles for the night of October 14th through to the 15th when the child died and very early on in her entry under nutrition she notes that the child's IV was infusing well into his scalp vein. Do you see that entry?

> Yes, I do. A.

At any time when you were in Room 418 that evening did you notice whether or not Richard McKeil's IV had become interstitial?

I didn't notice.

Did you at any time notice 0. anyone handling his IV line during the course of that shift in any way?

> Α. No.



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- Q. You have told me that you recall, in addition, seeing Phyllis Trayner in the child's room shortly before his arrest. Did I do that correctly?
 - A. That's correct.
- Q. Prior to the arrest of this child did you at some point become aware his condition had deteriorated?

A. I am not sure if it is for
Richard McKeil's arrest or not, but I do recall at
one time when I was working long nights seeing
Phyllis or Sue, I don't know who drew up the
medication, the child taking the turn and they had
the arrest drugs ready for the child and as far as I
know I think it was for Richard McKeil, because it
was my first arrest. It would stand out in my mind.

THE COMMISSIONER: I am not hearing it either. I don't think any of us are hearing this.

I am sorry, but I think you are going to have to get a little closer to the microphone or speak more loudly or something. I wonder if we could try that whole question again.

MS. CRONK: Yes, sir.

Q. My question to you, Miss
Brownless, was there at some point during the evening

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at night before that child's arrest that you learned that Richard McKeil's conditon had deteriorated?

- A. At some point before he arrested?
- Q. Yes.
- A. Yes, I did. Do you want me to repeat everything I said?
- Q. Yes, I would like you to repeat what you just said.
- A. I am not sure if it is for Richard McKeil's arrest or not, but being my first arrest when I was on long nights, it stands out in my mind that when he had deteriorated Phyllis or Sue, I am not sure who drew up the drugs, had the prearrest drugs ready.
- Q. You think that occurred the night Richard McKeil died?
 - A. That's correct.

THE COMMISSIONER: Had the pre-arrest drugs ready. What do you mean by that?

THE WITNESS: The drugs they use when an arrest is first called. I can't say what they were, because I don't give drugs.

THE COMMISSIONER: Had them ready.

You mean before the arrest was called or after the arrest was called?



called.

THE WITNESS: Before the arrest was

MS. CRONK: Q. Did you observe them actually drawing up the medications?

A. No I didn't.

What is it that brings to your mind now the recollection that the arrest drugs were drawn up in advance?

A. I remember seeing them on top of the cardiac monitor on a silver tray covering in a sterile cloth.

THE COMMISSIONER: Just a little slower and a little louder, please.

THE WITNESS: Sorry.

MS. CRONK: Q. Do you remember seeing them on the top of a cardiac monitor?

- That is correct, beside the bed.
- Q. On a silver tray; is that what

you said?

- A. That's correct.
- Did you at any time see anyone actually drawing the drugs up?
 - Α. No, I didn't.
- How do you know, Miss Brownless, that they were arrest drugs?



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I can't say for sure if I was Α. in the room when the arrest was called and if they used those drugs. I don't know. I can't say for sure if they were arrest drugs or not, but they were drawn up at the bedside and I presume they were if the child did have a cardiac arrest.

THE COMMISSIONER: You presume they were arrest drugs, did you say? They were at the child's bedside?

THE WITNESS: That is correct.

THE COMMISSIONER: And this was before the arrest was called?

THE WITNESS: That's right.

THE COMMISSIONER: Please don't just agree with me. I am leading you because I am not able to hear you. That is the problem.

THE WITNESS: I am sorry, that is

correct.

THE COMMISSIONER: And you said, then, that you weren't sure they were arrest drugs or you were sure or you are sure or you are not sure?

THE WITNESS: What was your question

again?

MS. CRONK: Q. I think you had better worry about the Commissioner for the moment.



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Mine can wait.

I think he has asked you whether or not you were sure they were arrest drugs.

A. I am not sure that they were arrest drugs. I just presumed they were going to be used if the child did have a cardiac arrest.

THE COMMISSIONER: I see. And you were there, though, when the arrest took place, or were you not?

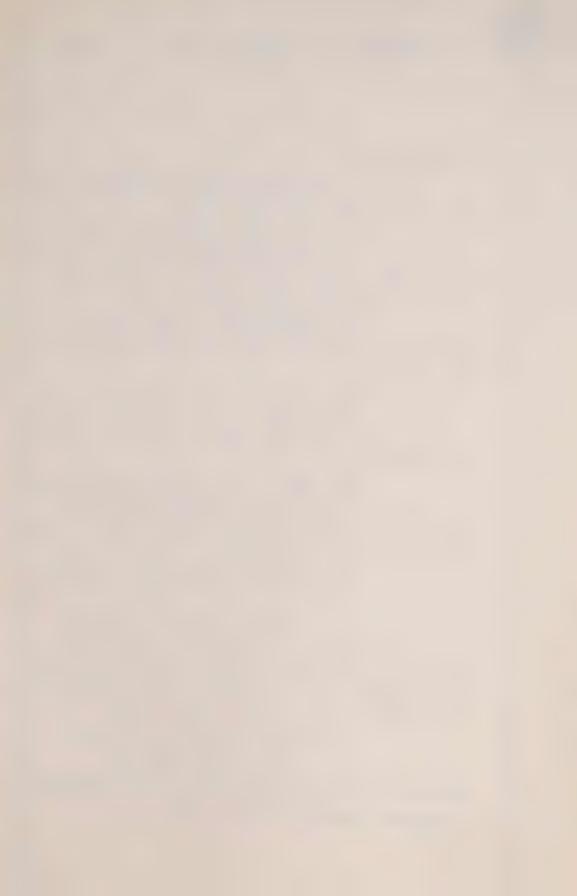
THE WITNESS: I don't recall if I was in -- I don't think I was in the room when the arrest was actually called.

MS. CRONK: Q. Had you ever before seen drugs sitting on top of a cardiac monitor with or without a silver tray?

A. I can't recall. I don't think

Q. What is it in your mind, as best you can recall it, Miss Brownless, that leads you to associate this incident with Mrs. Trayner and Miss Nelles?

- A. Could you repeat that?
- Q. What is there about the incident that you recall that causes you to associate it with Mrs. Trayner and Miss Nelles?



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A. Because it was my first arrest being on and Sue was looking after Richard McKeil that night. I can just remember standing at the door of 418 and seeing them in the room.

Q. You are certain in your own mind this incident took place at night?

- A. Fairly certain, yes.
- Q. Are you certain it took place

in Room 418?

- A. Yes.
- Q. I take from what you said that you are not at all certain it took place the night

Richard McKeil died. Is that fair?

incident in a moment, sir.

A. That's correct.

Q. I intend to return to this

Apart from this -- let me ask one further question. When you observed the drugs sitting on the cardiac monitor did you see either Mrs. Trayner or Miss Nelles in the room?

A. Together or alone? I couldn't

- Q. Were they there together?
- A. To the best of my recollection,

yes.

say.



DD 14 0. You were standing at the doorway? 3 That's correct. Α. Did you ask either of them what 0. 4 drugs were doing on the cardiac monitor? 5 I don't recall. 6 Do you recall asking any 7 questions at all as to what the drugs were or why they 8 were there? 9 Α. I don't think I did, no. 10 0. I take it neither woman was handling the drugs when you observed them from the 11 doorway? 12 Α. That is correct. 13 0. You did not see anyone actually 14 draw them up? 15 Α. That's correct. 16 Did you see anyone place them Q. 17 on the cardiac monitor? A. 18 So you don't know who put them 19 there and you don't know who drew them up? 20 That's correct. A. 21 Q. I propose to return to this 22 incident. 23 THE COMMISSIONER: Yes, all right. 24



MS. CRONK: Q. Quite apart from this observation from the doorway which may or may not have taken place the night of Richard McKeil's death can I return to my question and that is, do you recall at some point that evening, specifically recall being made aware that Richard McKeil's condition had deteriorated? Did you, for example, hear the emergency alarm go off at any point that evening?

A. Yes, I did.

Q. Where were you when the alarm

went off?

A. Down the hall. I can't say what

room I was in. I was either in Room 423 or 425.

Q. Do you recall what time of night

that was?

A. Not without looking at the sheet.

Q. I am sorry, what are you looking

at?

A. I am sorry.

MR. OLAH: I think it is a copy of

Exhibit 376.



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MS. CRONK: Yes, it is.

THE WITNESS: Okay.

Q. Is this the emergency buzzer on a particular patient, was it a monitor of some kind or was this the emergency buzzer for Room 418?

A. It was the emergency buzzer for Room 418.

Q. And you recall it being for that room?

A. That is correct.

Q. All right. Now, can you tell me with the benefit of looking at that exhibit when it was that you heard the buzzer go off?

A. At 3:45.

Q. Well, could I ask you to look at page 80 again of Richard McKeil's medical chart. Do you still have it there?

A. Yes, I do.

Q. There is an indication on page 80 again, which is Miss Nelles' progress notes that evening that at 3:45 the child's alarm sounded on the monitor and his apex was recorded at approximately in the 80 per minute range. Now, you have told me that you think you heard the alarm at 3:45.



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prog	ress	notest	that	t t	ne ala	arm we	nt ·	ofi	?		

- A. The only alarm I remember going off is the emergency alarm in the room.
- Ω_{\bullet} What I am really asking you is, how do you recall that that happened at 3:45 in the morning?
- A. I can't recall what time without looking back at the records.
- Q. Do you recall now whether or not it was shortly after you heard the emergency buzzer that the child did go into arrest and that a resuscitation was undertaken?
- A. You must have misunderstood me. I never heard the cardiac monitor that was attached to the patient go off. The only first alarm I heard was the 418 emergency buzzer.
- Q. All right. Well, what did you do after you heard the buzzer?
- A. I ran down the hall to see what was going on.
 - Q. And did you go into Room 418?
 - A. I probably did but I don't
 - Q. All right. Do you recall



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how long it was after you heard the emergency buzzer that you became aware that the child was in an arrest and that a Code 25 had been called?

As soon as I reached the room, within a couple of minutes I had realized the child was in cardiac arrest.

- All right. So, I take it then that you heard the buzzer go off shortly before the child went into cardiac arrest?
 - A. That's correct.
- Did you participate in any way in the arrest procedures?
 - A. No, I didn't.
- Do you recall who was in the 0. room when you arrived at the room?
- I can recall asking Bertha Bell if I was needed and she said, check the children out on 4A/B to make sure the children are all right. So, I proceeded to go into Room 421 and Mrs. Christie was in there and I asked her, what's the role of an RNA during a cardiac arrest, and she wasn't even aware that an arrest was going on. So, I left that room and proceeded to check all the children on 4A and 4B.
 - Q. Other than Mrs. Bell, do you



EE4

recall anyone else being in Room 418 when you rushed into the room having heard the buzzer?

A. I can't say for sure but Phyllis and Sue.

Q. Well, you told me earlier that you thought you saw Phyllis Trayner there around the time of the child's arrest.

- A. That is correct.
- Q. Is this the occasion that you are remembering?
 - A. That I saw them in there?
- De clear. You told me you saw her there twice; once you think she was there around nine o'clock to give your own medications to the patients you had been assigned to and you told me as well you thought you saw here there around the time of the arrest. Is it around this time, that is, the time of the emergency buzzer going off and you going into the room, that you think you saw Phyllis Trayner there?
 - A. That's correct.
- Q. All right. Do you recall for certain who was in that room other than Mrs. Bell?
 - A. Not for certain, no.
 - Q. All right.



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THE COMMISSIONER: I'm a little confused now. You saw you think Phyllis Trayner and Susan Nelles at some time before the arrest, did you not, that was the time that you saw the drugs on top of the monitor, isn't that right?

THE WITNESS: That's right.

THE COMMISSIONER: Well, are you now telling Miss Cronk that that was at the time of the arrest? That was before --

MS. CRONK: I'm sorry, sir, I had

THE COMMISSIONER: Was it before or after the buzzer went off?

THE WITNESS: That I saw...?

THE COMMISSIONER: I am talking about the drugs that were on the monitor.

THE WITNESS: I saw them before the

THE COMMISSIONER: Yes.

MS. CRONK: Sir, may I try to clarify

THE COMMISSIONER: Yes, please.

MS. CRONK: Q. I had understood you to say, Miss Brownless, and please tell me if I misstate it, you didn't intend to say this, that the first



EE6

time you recall seeing Phyllis Trayner in the room, as best as you can remember it, would have been approximately nine o'clock to give your medications to your patients?

A. That is correct.

Q. I take it you don't have any clear recollection of having seen her do that but you assume that she did?

A. That's right.

Q. And you have also told me earlier on in your evidence that you also recall seeing Phyllis Trayner in the room and I thought you said it was around the time of the arrest of the child.

THE COMMISSIONER: Well, that is not what I heard.

MS. CRONK: Q. And in addition to that I thought you told me about a third occasion, this incident when you observed the arrest drugs drawn up on the cardiac monitor. Do I have that incorrectly? Are there three occasions or two?

A. Three occasions.

Q. All right. And with respect to the incident where the drugs were on the cardiac monitor you have told me you were not at all certain



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that that occurred during the night that Richard McKeil died, although you think that was the case?

- A. That is correct.
- Q. All right. Now, assume for the moment that it was that night, because I have told you I will come back to that incident, but assume for the moment that it was, the Commissioner's question to you, as I understand it, is, did that occur before you heard the emergency buzzer go off in McKeil's room?
- A. That I saw the emergency drugs?
 - O. Yes.
- A. I saw them before the emergency buzzer went off, yes.
- Q. You have a clear recollection in your mind of having observed those arrest, or what you took to be arrest drugs on top of the cardiac monitor before any indication of any child in Room 418 being in an arrest?
 - A. That's correct.
- Q. And I take it that the third occasion that you have mentioned is close to the time of the emergency buzzer going off and you think you saw Phyllis Trayner in Room 418; is that correct?





Brownless dr.ex. (Cronk)

EE8 That's correct. A. 3 Q. And you have told us that you did see Bertha Bell because you spoke to her? 4 That's right. Α. 5 Q. Do you recall seeing Susan 6 Nelles in the room? 7 That's correct. 8 Q. Do you recall seeing any 9 other nurses in the room when you went in having 10 heard the emergency buzzer? A. No, I don't. 11 All right. And you have told Q. 12 me that you were asked by Mrs. Bell to attend to the 13 rest of the children on the ward? 14 Α. That's correct. 15 0. And that you then went into 16 Room 421 and had a discussion with Mrs. Christie? 17 A. That's correct. 0. . And you then went about look-18 ing to the rest of the children on Ward 4A; do I 19 have that correctly? 20 That's correct. Α. 21 Did you have any involvement 0. 22 at all in the resuscitation efforts of this child

other than the discussion you have just described

23

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with Mrs. Bell?



EE9

Α.	Ι	had	no	invo.	Lvement	at	all.

Q. I take it, however, inasmuch as this was the first arrest to which you had been exposed that this was quite an upsetting experience for you?

A. That's right.

Q. Did you discuss the arrest with any of the other nurses on the ward after Richard McKeil had been pronounced dead?

A. The only thing I discussed was with Phyllis Trayner, the role of an RNA during a cardiac arrest.

- Q. Was that the same night?
- A. Yes, it was.
- Q. Do you recall any concerns being expressed by any of the nurses, be it Phyllis Trayner during that discussion or any of the other nurses who were on duty that night, as to why the child had died?
 - A. I don't recall any discussion.
- Q. All right. Do you recall any discussion with any of the physicians who might have been present at any time with respect to how this child might have died?
 - A. I don't recall any discussion



Brownless dr.ex. (Cronk)

EE10

with physicians either.

Q. Was it your impression that there was any concern on the part of anyone who had been on duty that evening as to the timing of the child's death or the way he had died?

- A. I didn't see any concern, no.
- Q. All right. Up to that point in time, that is, the death of Richard McKeil on October 15th, had you had any experience with the drug digoxin in the sense of observing it being drawn up by way of a medication to be given to a patient or by way of observing it being given it to a patient on the ward?

A. Not being drawn up but how it was given, yes.

Q. All right. And did you know at that point there were many patients on Wards 4A and 4B who, as a matter of routine, received digoxin?

A. Yes, I did.

Q. Was it your understanding that it was a very common cardiac treatment drug?

A. Yes.

Q. Did you know at that time, that is, the 15th of October, 1980 what the symptoms of digoxin toxicity were considered to be?



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A. Yes.

Q. Well, if you had no experience in giving medications yourself how was it that you would be familiar with what the symptoms of digoxin toxicity were?

A. I read about it in CPS.

Q. What did you understand the symptoms to be?

A. Irregular heart beat, vomiting, diarrhea, the child being lethargic.

Q. Anything else?

A. Difference in their vital

signs.

mean...

pressure.

Q. And by difference, do you

A. Dropping of apex or blood

Q. Okay. Anything else?

A. I can't recall.

Q. Was it part of your job as you understood it as a Registered Nursing Assistant to observe patients to determine whether or not they were having an adverse reaction to any of the medications they were receiving?

A. Yes, it was.



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Q. All right. Was it part of your responsibility to be familiar with what the clinical symptoms of toxicity were in the various drugs that were used on the cardiac wards?

A. I don't think it was ever asked of us to notice symptoms but I took it upon myself to learn what the main drugs that kids on 4A took and I learned the reactions that could be caused by toxicity or if they were reacting to it.

Q. There was another death -THE COMMISSIONER: Miss Cronk, it is
time for a break I think.

MS. CRONK: Would you like to take a break now, sir?

THE COMMISSIONER: Yes, I think the new system is 3:15.

MS. CRONK: That's fine, sir.

THE COMMISSIONER: So, we are a little bit late for that.

MS. CRONK: Thank you, sir.

THE COMMISSIONER: All right.

--- short recess.





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M/PS	

---Upon resuming at 3:45 p.m.

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THE COMMISSIONER: All right, Ms.

Cronk.

Q. Ms. Brownless, apart from the arrest and death of Richard McKeil, and I will be coming back to that; there was another death during the month of October on Ward 4A, that of Antonio Adamo, and he died on October 19th at approximately 5:45 in the morning. It is my understanding that you worked a 12 hour long day on October 19th.

A. That would be 5:45 in the evening.

- Q. You are quite right. You pointed out that I said he died at 5:45 in the morning and it was 5:45 p.m. on October 19th.
 - A. I'm sorry, yes, in the evening.
- Q That is in the evening, and you worked a 12 hour long day that day.
 - A. That is correct.
- Q. Do you still have Exhibit 32-C there, which is a big volume of documents. Could I ask you to turn again to Tab 87, which is the Ward 4A assignment book and this time to the entries for October 19th from the day of Adamo's death.

MR. OLAH: That is page 50 and 51.



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Ω.	Do	you	have	that.	Ms.	Brownless
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- Yes, I do. Α.
- According to the 4A assignment 0. book, that day you were assigned, as I read it, to five patients in 421 after 3:00 in the afternoon.
 - A. That's right.
- And prior to that, that is from 7:15 in the morning until 3 p.m. in the afternoon, you had two patients in Room 421, two in Room 425, one in 418, and you also had responsibilities to admit two children into Room 421, is that correct?
 - A. That's correct.
- 0. And then your patient assignments were changed as we have seen to five in one room, 421, after 3:00.
 - Α. That's correct.
- Q. Adamo as I read the entries was, throughout the entire course of that day, a patient in Room 418, is that correct?
 - A. That's correct.
- 0. And the balance of the 4A nursing staff on duty for long days that day was Mrs. Trayner as the nurse in charge.
 - That's right. A.
 - Ω. She does not appear to have had





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any direct patient responsibilities that day?

- That's correct. Α.
- Q. A Mrs. Pigeon was on duty and had two children in Room 426, two in 425 and two in Room 418 from 3:00 onward.
 - A. That's correct.
- And Ms. Cooney had three t Q. patients in Room 418 and one of them being Adamo.
 - Α. That's correct.
 - Q. And that was true after 3:00

as well?

- That's correct. Α.
- 0. Miss Cooney is a registered nursing assistant as I understand it?
 - That's correct. A.
- Prior to 3 p.m. in the afternoon, Ω. Ms. Brownless, because you did have one patient in Room 418, I take it you would have been in and out of that room to take care of your patient on several occasions?
 - A. That's correct.
- Q. And again if any medications were required to be given to your patient would they have been given by the nurse in charge, Mrs. Trayner?
 - That's right.



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Q. And at any time during the course of the day, up until 3:00, when you were in and out of Room 418 did you observe anyone administer a medication to Antonio Adamo?

A. No.

 Ω . And between 3:00 and 5:45 p.m., 5:45 p.m. being the time the child died, did you have occasion to go into Room 418?

A. I don't think so, no.

Q. Would you have had any reason to do so having regard to the fact that you didn't have a patient in the room?

A. I would not have been required to go into Room 418, no.

Q. I take it thought that you could have to visit Ms. Cooney,or to search for Mrs. Trayner, or to look for any of the other nurses on the floor that day, is that correct?

A. That's correct.

Q. Mr. Registrar, could you show the witness please Exhibit 68, Antonio Adamo's medical chart? I would ask you to turn to page 75, if you would, please, Ms. Brownless.

A. I have it.

 Ω . Once again this is the medication



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and the treatment record. You have told me that up until 3:00 that day you do not recall having seen anyone administer any medications to the patient. would like you to simply look at the medications which appear to have been given prior to his death on the 19th. At 7:30 in the morning he appears to have received mandol, am I pronouncing that correctly?

- Yes, you are. A.
- 0. Intravenously, and that was signed off by Phyllis Trayner, do you see that?
 - A. Yes, I do.
- Ω . And the time entry for the giving of the dose is recorded at 6 a.m., but in fine print above Mrs. Trayner's signature it appears to say 7:30, do you see that?
 - That is correct. A.
- Q. It has been suggested to us in earlier evidence today that the times recorded on the medication and treatment records for giving of medications are in fact entered on to the form prior to the actual medications being given. In other words if a particular nurse were to pick up a medication and treatment record of any child, the times when the child was supposed to receive medications would already be listed. Does that accord with your



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recollection as to how the medication and treatment records were prepared?

- Yes, it does.
- So I take it then that when a nurse came to sign off on a medication, she would, for example, let's deal with the dose of mandol given intravenously, when Mrs. Trayner came to sign this in the normal course of events it was already indicated that the drug should have been given at 6 a.m.
 - A. That's correct.
- 0. But in this instance it would appear she gave it an hour and a half later, and she made a note of that because it was a significant time after the drug should have been given.
 - That's right. Α.
- In addition to the 7:30 a.m. 0. dose, at 12 noon, it appears that he was given a second dose of the same drug, again intravenously, and again signed off by Mrs. Trayner, do you see that?
 - A. Yes, I do.
- 0. Then at 10 a.m. he was given digoxin orally, and that would appear to have been given by Mrs. Trayner?
 - That's right. A.



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- Q. And again I am suggesting 10
 a.m., although the time record for 4A shows
 9 a.m., because above Mrs. Trayner's signature there
 appears to be a notation for 10 a.m., do you see that?
 - A. . That's right.
- Q. And then finally at 10 a.m. again there appears to have been a dose of aldactazide given orally, again signed off by Phyllis Trayner, do you see that?
 - A. Yes, I do.
- Q. Having the benefit of having the actual medications in front of you, can you tell me now, do you recall having seen any of those medications being given during the course of that day to Antonio Adamo, or indeed any other medications at any time, by anyone?
- A. I don't recall any of these medications being given.
- Q. What was your impression of his condition up until 3:00 that day?
 - A. I can't recall it.
- Q. Do you know whether or not he was considered to be in critical condition?
 - A. I can't recall.
 - Q. And I take it that inasmuch as



Mrs. Cooney, who was assigned to Antonio Adamo,
was a registered nursing assistant, that it would be
in accordance with the normal practice for Mrs.
Trayner to have given the four drugs on October 19th
that we just reviewed?

- A. That's right.
- Q. She would have done that on behalf of the registered nursing assistant who was not permitted herself to administer them, is that correct?
 - A. That's correct.
- Q. We have heard, Ms. Brownless, in other evidence, that Antonio Adamo died shortly after a nasogastric tube was passed by Phyllis Trayner and Mary Cooney, I take it you did not see it being passed, if you don't recall being in the child's room prior to him being pronounced dead, is that correct?
 - A. That's correct.
- Q. Can you describe for us very briefly what a normal nasogastric feeding tube looks like? CAn you tell me first what length of tubing they come in?
- A. They come in 15, 36 and 42 length, in inches.



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- Q. In inches?
- A. Yes.
- Ω . And do they come in different sizes, and by that I mean the diameter of the tubing? A. They come in sizes of 3-1/2, 5, 8 and on up to 16.
- Q. Is there a particular size or sizes that are normally used with infants?
- A. He was what, two months? They would have used a size 5 or a size 8.
- Q. Were those the sizes normally used for infants?
 - A. That's correct.
 - Q. And how do you actually pass a nasogastric tube?
 - A. Through the nose.
- Q. Where does the tubing then go, is it looped around the head in some fashion?
- A. It goes down the nose to the stomach and it is taped on the upper lip and then up the side of the face so the child can't pull it out and it will become dislodged.

MR. ROLAND: I'm sorry to interrupt. The witness was asked what size . naso gastric tube, and it seemed as if she conditioned her answer



Brownless dr. ex. (Cronk)

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on the age that she suggested was two months, the baby was actually 9 days old and that may have affected her answer as to the size of the tube.

- Q. Is there a different size used for a child who is 9 days old?
- A. They probably would have used a smaller one, size 5.
- Q. And with infants generally was it common to use either a 5 or an 8 sized tube?
 - A. That's correct.
- Q. Would it be unusual to use a larger one on an infant?
 - A. Size 10, yes.
- Q. Would it also be possible to use 3-1/2, the smallest that you have told us about on a small infant, on a child?
- A. They could start on the ward, but they are normally used up on 7D.
 - Q. In the neonatal ward?
 - A. Correct.
- Q. So I take it that the common ones used, as best as you can recall it, on your ward for infants, was either a 5 or an 8?
 - A. That's correct.
 - Q. You told me how the nasogastric



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tube is in fact passed on a child. I take it then that there is tubing that runs what, over the child's ear back to a syringe of some kind?

A. Not over their ear. After it is measured and put down the stomach, it is taped on to the upper lip and then instead of just hanging down over a child's mouth the girls will loop it up to the side of the cheek and put another piece of tape on so it is secure and then it is just loose from there. There is no syringe kept at the end because there is a little tap to lock it at the end.

 $\ensuremath{\mathbb{Q}}.$ Is it in fact connected at any point to a syringe?

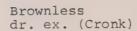
A. It is connected when the child is having a feeding but at no other time is it connected to anything.

Q. When it is connected for a feeding is there a particular size of syringe that is used for the nasal gastric tube?

A. If they are using a feeding tube it is usually a 60 c.c. syringe.

Q. And how do you control the flow rate of the medication from the syringe through the tubing to the child, is there a way to control





it?

Yes, there is. Just below the A. syringe there is a piece of rubber tubing about three inches and then there is a glass bowl where you can count the drips and there is a clamp that you can tighten to regulate how far you want the drips to go and how fast you want the feeding to go through.



RD.jc GG

1 2 I take it then you can manually 0. control the flow rate of the medication through that 3 4 That's correct. A. 5 0. 6 7 A. That's correct. 8 0. 9 10 tubes? 11 A. That is correct. 12 13 14 15 16 17 18 of the chart, the progress notes. 19 I have it. 20 21 22 23

apparatus and through the tubing to the child? And that would apply to whatever fluid was being given to the child by way of feeding? You have told us before, as I recall it, that registered nursing assistants were not permitted on Ward 4A or 4B to pass nasoogastic So if one was to be passed on this child Ms. Cooney could not have done it herself? It would require the involvement either of the nurse in charge, Mrs. Trayner, or another registered nurse? A. That is right, she probably would have assisted her in helping her hold the child. Can I ask you to turn to page 35 We see in this case Mrs. Trayner's note at the bottom of the page, indicating that: "At approximately 1615 hours, while passing a -- " 24 25



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I take that to be size 8 nasogastric tube.

"... to help supplement feeds, the babe went into seizure-like activity and was noted to have severe problems breathing."

Do you see that?

A. Yes, I do.

Q. It was also mentioned that both a Code 23 and a Code 25 were called, a resuscitation undertaken and the child was eventually pronounced dead. Do you recall hearing either the Code 23 or the Code 25 being called?

A. No, I don't.

Q. You have told us something about an emergency buzzer which you heard in the case of Richard McKeil. Was each room equipped on Ward 4A with an emergency buzzer?

A. Yes, they are.

Q Is that the case on 4B as well?

A. Yes, it is.

Q. When would a nurse or any other individual in the ward have occasion to activate that?

A. When the child is in cardiac

arrest.

Q. I'm sorry, you have to speak





GG.3 1 2 a little bit louder. 3 I'm sorry. When a child is, goes into cardiac arrest they will push the buzzer. 4 Could the emergency buzzer then, O. 5 quite normally, be pushed or activated prior to the 6 calling of the Code 23? 7 I never recall it being pushed 8 before for a 23, no. 9 Q. In the normal course of events 10 was it activated before Code 25? Before the --A. 11 Before the 25 was called? Q. 12 A. Called on the telephone? 13 Yes. 0. 14 A. Yes, to get the nurses to the 15 room.

Q. In this situation, that is with Antonio Adamo, did you at any point hear the emergency buzzer go off in his room?.

A. I don't recall, no.

Q. And you told me you didn't hear the Code 23 or Code 25 being called?

A. That's correct.

 Ω Were you present during the arrest of this child?

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A. No, I wasn't.

Q Do you recall whether or not after his death there were any discussions held, of which you are aware, amongst the nursing staff regarding the cause of his death?

A. I don't recall any discussions.

Q. While you were on the ward that day do you have any recollection as to whether or not any concerns were expressed, either by any of the physicians, who attended during Adamo's arrest or any of the nurses who had been there?

A. Not to me there wasn't.

Q We have heard in prior evidence that on October 22nd, 1980, some days after Antonio Adamo died, that there was a meeting of Ward 4B staff, Karen Power's team, in which this child's death was discussed. There was also a meeting on October 23rd, 1980, 4A and 4B nursing staff, which a number of matters were discussed. Did you attend either of those meetings?

A. No, I didn't.

Q Did you know they had been held?

A. Not until just recently.

Q. By recently, do you mean prior to coming to testify before this Commission?



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A. That is correct.

As I recall it, and I am looking now at WIN sheets on October 22nd, you were working the long night shift and on October 23rd you were working a long night shift as well. Does that accord with your recollection?

A. Let me just check.

Q. Yes.

A. October 22nd and 23rd, yes, long

Q. Long nights?

A. Yes.

Q. Mr. Registrar, could you show the witness, please, Exhibit 300.

Mrs. Brownless, this book contains a copy of the various ward communication books and certain of the Ward 4A meeting books. I would ask you to turn to the very last tab in the book, page 175.

A. I have it.

Q You will see there that there is an indication that the meeting on October 23rd, 1980, to which I have referred, was held in the evening. That is a note on the side.

A. Yes.

Q. Do you see that?





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A. Yes, I do	٠.
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Q I take it, as much as you were working long nights, you would have started your shift at the normal time, that is approximately -- you have told us you would arrive at approximately 7 o'clock and you wouldn't have been available to attend this meeting that evening?

A. That is correct.

Q. Was it part of your normal routine, however, Mrs. Brownless, to review the Ward 4A meeting book to keep yourself up to date, as to what entries had been made and to what discussions had been held amongst the nurses?

A. It was part of my routine to read the communication book and occasionally I did read the ward meeting book.

Q Do you recall reading the Ward 4A meeting book during the fall, latter part of October, early November, and noting that a meeting was held on October 23rd, with apparently 4A nurses and 4B nurses in attendance?

A. I possibly could have, but I can't say for sure.

Q. Do you remember at any time inquiring as to the nature of any of the subjects



time.

discussed at any of these meetings in October, amongst the nurses on 4A and 4B?

A. I never inquired, no.

Q. You will see in the entry for October 23rd that there is mention made of increasing fatigue, concern being expressed about that, and particularly regarding emotional fatigue and, as well at the top of the next page there is mention made of feelings and frustrations, with regard to arrests were verbalized and discussed.

Do you see those entries?

A. Yes, I do.

Q. Had you by this time,

Mrs. Brownless, that is by the time of Antonio Adamo's death, become aware that there had been a number of arrests on the wards before you started to work there in September?

A. No, I wasn't aware at this

Q. Were you aware at this time that there were nurses on those wards who were feeling under stress, because of the arrests that had been taking place, even those of which you were aware in September and October?

A. Possibly, yes, that there were



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some nurses under stress.

Q. Do you recall whether you were aware of that?

A. I can't say for sure.

Q. When did you consciously recognize for the first time that there had been a great number of arrests on these wards?

A. After Baby Hines had died.

Q. Not until the death of Jordan

Hines?

A. That's correct.

Q We have heard evidence before
the Commission that two particular nurses, that is
Phyllis Trayner and Ms. Cooney, Registered Nursing
Assistant, were most upset at the death of Antonio
Adamo and felt that the passing of the nasogastric tube
with which they had been involved, that there might
have been some fault attached to their conduct that
evening or the passing of the tube. That is who
you recall was the evidence of Meredith Frise. At
any point was it brought to your attention that there
were nurses on Ward 4A who had been in attendance at
that child's arrest, who were having feelings of that
kind with respect to his death?

A. Not to my knowledge.



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Q. We know that by the end of October, really mid-October, when Antonio Adamc died, you had been on the wards for a period of less than two months?

A. That is correct.

Q. Had you had in that time the opportunity and sufficient time to develop friendships with any of the women who were working on those wards, be it registered nurses or registered nursing assistants?

A. I wasn't particularly close to anybody, because I wasn't a member of an actual team.

Q. Did any of the nurses at that time, that is in the latter part of October or the beginning of November, suggest to you, because you knew there had been at least four deaths while you were in the Hospital, Laurette Heyworth on September the 2nd, Brian Gage on September 25th and Richard McKeil on October 14th and Antonio Adamo on October 19th, did any of the nurses engage in discussion with you concerning any of those deaths?

A. No.

Q Did anyone at any time during the fall of 1980 suggest to you that the arrests which had occurred were occurring in the presence



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predominantly of members of the same nursing team?

A. No.

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Do you recall any mention being made by anyone of which you are aware at that time as to the fact that many of these arrests which had occurred during the long night shift in the early hours of the morning?

Could you repeat that question?

Do you remember any discussion at all which you are aware, as to the fact that many of these deaths were occurring during the long night shift in the early hours of the morning?

I don't recall any discussion,

0. You told us the first time you personally became aware that there had been a large number of arrests was after the death of Jordan Hines?

That's correct.

During this period, that is the fall of 1980, and I will extend it now right through until the end of December, did the nurses discuss -any of the nurses on Ward 4A or 4B, discuss generally in your presence or make jokes in a manner to alleviate stress about the fact that there were deaths occurring on Ward 4A and 4B?





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A. This is to the end of December?

Q. Yes.

I can't recall any jokes being A. made and I can't recall when I became aware most of the deaths were happening on Phyllis' team.





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All right, you think it was Q. after December?

Yes.

0. All right. At about this time, Miss Brownless, that is the end of October, 1980 or into the month of November, 1980, did it seem to you that there was any particular nurse or nurses who seemed to know in advance before it happened that a child's condition was going to deteriorate?

Α. You mean before they deteriorated?

> 0. Yes.

A. I am sorry, could you repeat the question.

0. All right, I would ask you to focus on the end of October, 1980 and into the month of November, 1980. My question is: at that particular time did it seem to you that there was any particular nurse or nurses who seemed to know in advance before it happened that a child's condition was going to deteriorate?

> A. No.

All right. Do you recall taking a vacation in late October with a nursing





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1 friend from Scarborough Centenary Hospital? 2 Α. Yes, I do. 3 0. Was that a vacation out of the 4 country? 5 Α. Yes, it was. 6 Do you recall telling her --0. 7 I'm sorry, who was the vacation with? 8 Do you want the names of all the girls? 9 Q. Well, do you recall taking 10 a vacation with a woman by the name of Mary Joan 11 Rankin? 12 A. Yes, I do. 13 Do you recall telling Miss 14 Rankin at any point in October or November of 1980 that you were particularly impressed with your new 15 job, you were impressed with the calibre of nursing 16 that you saw and that you were particularly impressed 17 with the skill of one nurse because the nurse seemed 18 to have a sixth sense about the sick babies and 19 seemed to be able to tell when they were going to

(Cronk)

A. I don't recall saying one particular nurse and I don't recall saying sixth sense. I do recall the conversation but I can't say

go sour. Do you remember telling Miss Rankin that?

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that it happened in late October or November.

Q. All right. Well. I ta

Q. All right. Well, I take it you do recall having had a discussion with Mary Joan Rankin about your new job and about the nurses on the wards?

A. That's correct.

Q. All right. Do you recall whether this discussion took place before or after your vacation?

A. I can't recall whether it took place before or after I said that.

Q. Did Mary Joan Rankin live in the same apartment building that you did?

A. Yes, she did.

Q. All right. And did you at some point move from that apartment building?

A. Yes, I did.

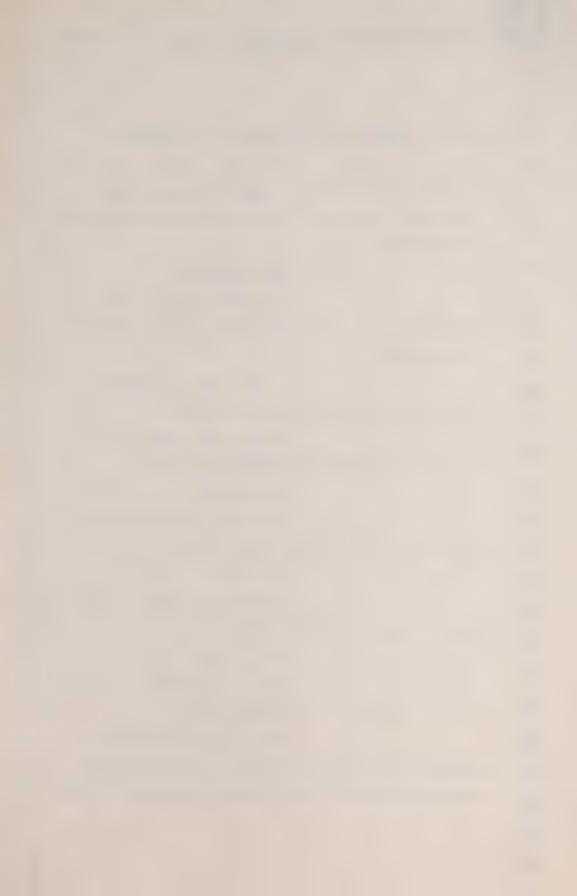
Q. Did this conversation take place in that apartment building?

A. Yes, it did.

Q. When did you move?

A. November 21st.

Q. Would it be fair of me to suggest then that the conversation took place then before you moved or do you recall going back to the



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apartment and visiting Miss Rankin after you had moved?

- I never went back to visit, it happened before I moved.
- 0. All right. So, it was then before November 21st, 1980?
 - Α. That's correct.
- Can you help me specifically as to what you recall telling Miss Rankin?
- I recall saying that I was impressed with one particular team with their clinical expertise.

THE COMMISSIONER: Just say it slowly and loudly if you would, please. You remembered saying what, that you were ...?

THE WITNESS: That I was impressed with one particular team and their clinical expertise, mainly referring to Sue and Phyllis but if I mentioned their names she wouldn't have known who they were. I can't recall anything else that happened in the conversation.

- Q. Was it your specific recollection then that you told Miss Rankin that you were impressed with one particular team?
 - That's correct. A.



	Q.	All right.	Did you	say that
you were	mainly refer	cing to Mrs.	Trayner	and Miss
Nelles?				

A. I don't believe I did because she wouldn't know who they were.

Q. All right. Well, when you made the remark did you have any particular individual or individuals in mind?

A. Yes, I did.

Q. And you do not remember telling Miss Rankin that?

A. I don't remember telling her that, no.

Q. Were you aware of the fact that Miss Rankin was interviewed by representatives of the Metropolitan Toronto Police in April of 1981 concerning this conversation?

A. Yes, I was.

Q. And if I suggested to you that in a sworn statement that she gave to representatives of the Metropolitan Toronto Police she said that your comment had referred to a particular nurse as opposed to a particular team, I take it you would have reason to disagree with the accuracy of her recollection?



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- A. Yes, I would.
- Q. Were you yourself interviewed at any point by the Metropolitan Toronto Police with respect to this discussion?
 - A. Yes, I was.
- Q. Did that as well happen in April of 1981?
- A. I don't recall what month it happened when I reviewed it.
- Q. Do you recall telling what you told the police at that time as to what you had said to Miss Rankin?
- A. What I said to the police concerning the conversation?
 - O. Yes.
- A. Along the lines what I told you about one particular team but I don't think I clarified myself, meaning two nurses, I should have been a little more clearer.
- Q. Well, according to the sworn statement given by Miss Rankin to the Metropolitan Toronto Police you are recorded as I have suggested referring to one particular nurse, not to a particular team, but you are recorded as well as having said that that nurse seeemed to have a sixth





sense about the sick babies and seemed to be able to tell when they were going to go sour. You have told me that you don't recall using the word "sixth sense"?

A. That's correct.

Q. Was it in fact your observation at any point in the fall of 1980, Miss Brownless, that a particular team or Mrs. Trayner or Miss Nelles seemed to know in advance that a child was going to deteriorate before they in fact did?

A. No, they never knew before the child deteriorated.

THE COMMISSIONER: I am sorry, would you say that again, please.

THE WITNESS: I said no.

THE COMMISSIONER: Yes.

THE WITNESS: That they never knew the child was going to deteriorate before they deteriorated.



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Q. Can you help me then as to the basis upon which you made your remarks to Ms. Rankin, what did you mean?

> Α. What did I mean?

Q. Yes.

A. That I was impressed with the one particular team and it was probably referring back to Richard McKeil's arrest and that's my observation of Richard McKeil's arrest.

MR. BROWN: I'm sorry, sir, I have great difficulty in hearing Ms. Brownless. Perhaps she could speak up a bit more.

THE COMMISSIONER: I'm having the same trouble. You start off -- I know you are not a professional witness and that makes it more difficult for you, but you start off speaking so we think we can hear you and then it trails off sadly and we miss probably the punchline entirely, we get the beginning.

THE WITNESS: I'm sorry.

MS. CRONK: Sir, if we can struggle through the rest of the day I will see if I can get a different type of microphone for Ms. Brownless tomorrow.

THE COMMISSIONER: We are already on our



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MS. CRONK: We will try for a third.

Q. Could we go back, Ms. Brownlessand try to keep your voice up.

Yes.

- to the discussion we were just

A. All right.

0. And I have suggested to you that notwithstanding your recollection you were recorded as having said to Ms. Rankin that the one particular nurse seemed to have a sixth sense and seemed to be able to tell when the babies were going to go sour. You have told me that it was not your observation at any time in the fall of 1980 that one particular nurse or Mrs. Trayner or Ms. Nelles seemed to know in advance before a child deteriorated, that they were going to, that is not what you observed. Do I have that correctly?

> Α. That's correct.

0. On what basis then did you suggest to Ms. Rankin that a particular team, according to your recollection, seemed to know when these sick babies were going to go sour?

> I don't think I ever suggested A .



they seemed to know when they were going to take a turn, it was after the child had taken a turn, the nursing actions they took, I was quite impressed because I was still learning at the time.

MR. OLAH: Excuse me. I know my friend didn't intentionally mean to do this, but you will recall, Mr. Commissioner, on earlier occasions the witness specifically said that she didn't say that the nursing team knew in advance that a child would be taking a turn, she specifically said that it wasn't the case and my friend inadvertently seemed to suggest that that was the evidence, but that wasn't, and that's my note.

MS. CRONK: Well, I'm sorry, I didn't mean to imply that at all.

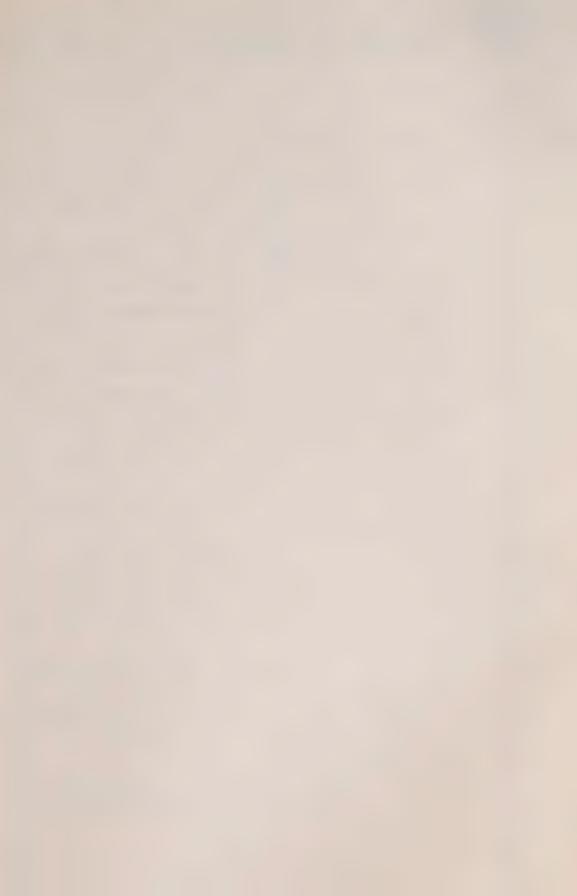
MR. OLAH: And while I am on my feet, I don't think the statement by Mary Joan Rankin is a sworn statement, it is simply a signed statement.

MS. CRONK: Well, I'm sorry, I am looking at her name.

THE COMMISSIONER: But it is not sworn, it is signed.

MS. CRONK: I'm sorry, signed by her.

THE COMMISSIONER: Signed by her, yes.



MS. CRONK: I am sorry.

Q. Ms. Brownless, if I have inadvertently stated it, I didn't intend to.

Do you recall saying to Ms. Rankin by your recollection that the reference was to to a particular nurse.

- A. That's correct.
- Ω . Do you recall telling her that the team seemed to be able to tell when the sick babies were going to go sour?
- A. When they were going to go sour? I didn't say that to her, no.
- Q. I take it it was not your intention nor do you recall in fact telling her that they seemed to know when a child was going to deteriorate before the child did. You didn't say that and it wasn't your intention?
 - A. That's correct.
- Q. All right. Were there situations where a child had begun to deteriorate where you observed Mrs. Trayner and Ms. Nelles in a situation where they suggested that the child may deteriorate further?
- A. They never really suggested it to me, it's what I observed in watching them.





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 Ω_{\star} Was that your impression at the time?

- A. That's correct.
- Q. Do you recall as well during the discussion that you had with Ms. Rankin suggesting that sometimes a particular nurse would even have the drugs ready that are used in cardiac arrests in anticipation of an arrest?
- A. I don't think I was referring to one particular nurse, I was referring it to two, the team, which I should have clarified in saying Phyllis and Sue.
- Q. And was that the incident that you described to me earlier?
 - A. With Richard McKeil?
- Ω . Well, whether it was with Richard McKeil or not, we will leave that aside. Is that the incident you have already given evidence about today?
 - A. That is correct.
- Q. You have told me several times that you feel that incident occurred, although you are not certain, during the night of Richard McKeil's death.
 - A. That's correct.



			Ω.	Do I	have	it con	rred	ctly	that
as	you	recall	the	incident	took	place	at	nigh	it?

- A. That's correct.
- Q. And it took place in Room 418?
- A. That's correct.
- Ω . Is there any doubt in your mind about either of those two matters, that it took place at night in Room 418?
 - A. There is no doubt.
- Q. Could I ask you to turn if you would please to the Ward 4A WIN sheets for the month of October, and perhaps we could start at the very beginning of October, Ms. Brownless.

A. Yes.

Q. We know that the first death in October is that of McKeil on the 14th and looking from the week of October 6th on right through until the end of November, based on my review of the WIN sheets, it appears that the only long night that you worked with both Susan Nelles and Phyllis Trayner were the nights of October 13th and the night of October 14th. Could you take a moment and review the WIN sheets and tell me if that is correct?

- A. To the end of November?
- Q. Yes. Well, until November 21st



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when you told us that you moved from your apartment.

- A. That is correct.
- Q. And as you worked both of those nights, long nights with Susan Nelles and Phyllis
 Trayner, would it be fair to suggest that the incident that you have described could have taken place on either of those two nights?
 - A. That's correct.
- Ω . Do you recall specifically, Ms. Brownless, whether or not any child in fact had an arrest on the night that you observed this incident with the arrest drugs drawn up on the cardiac monitor?
 - A. I can't recall.
- Ω . All right. So, I take it then it is possible that the night that you observed this incident no child in fact had an arrest.
 - A. That's correct.
- Q. And that we know was the case in October well, we know it was the case that no child had an arrest and died on the night of October 13th, correct?
 - A. That's correct.
- Q. And I take it it is equally possible from what you have said that the incident did



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occur on the long night shift on October 14th, the night Richard McKeil died?

A. That's correct.

Q. I thought I had understood you earlier in discussing this incident to say that you recalled seeing these drugs on the top of the cardiac monitor before you heard the emergency buzzer go off on Room 418. Did I hear that correctly?

A. That's correct.

 $\Omega_{\rm \cdot}$ Could I ask you to turn again to Richard McKeil's medical chart. I don't know if you still have that.

A. I never did. No, I don't have it, I'm sorry.

MS. CRONK: Exhibit 62, Mr. Registrar.

THE WITNESS: Oh, pardon me, it is

down here.

MS. CRONK: We have found it, Mr.

Registrar, thank you. I would ask you to turn to page 80 if you would, please.

A. 80?

Q. 80.

A. I have it.

Q. You have it, okay. Again, I would

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refer you as I did before to the nursing note made by Susan Nelles during the course of that long night. Do you see it there?

A. Yes, I do.

 Ω . And I would refer youspecifically to the entries starting at 3:45 in the morning.

A. Yes.

Ω. And it records that the alarm sounded on the monitor and the apex recorded in approximately the 80 per minute range. On oscillation the apex was irregular and approximately 120 Dr. Telch was notified and arrived, its rate again dropped and on oscillation no beat was heard and the monitor indicated fluttering, Code 25 called, cardiopulmonary resuscitation initiated and then the note continues.



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Now, in my reading of that note, would it be fair of me to suggest to you that the first difficulty encountered with McKeil was that the cardiac monitor sounded and an irregular apex was recorded?

- Α. That's correct.
- Q. Did you at any point that night hear Richard McKeil's cardiac monitor sound?
 - Α. No.
- 0. The next thing that appears to have happened is effectively a Code 23 was called, because Dr. Telch was notified; am I correct?
 - That is correct.
- And then the next thing that happened was a recording of the heart dropping again and then a Code 25 was called?
 - That is correct. Α.
- Q. Do you recall hearing either a Code 23 or a Code 25 being called or placed with respect to that child?
 - A. No, I don't.
- Is it possible, Miss 0. Brownless, that the Code 23 was called in fact before the emergency buzzer was activited?
 - That's correct. A.



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	Q.	And if	that was	s the case,
is it not ed	qually possil	ble that	the arm	rest drugs
could have h	peen drawn u	p, place	d on top	of the
cardiac moni	itor, a Code	23 then	called	, a doctor
notified and	d then the en	mergency	buzzer	activated?
Is that not	possible?			

A. That's possible.

Q. And in those circumstances would you regard the drawing up of the arrest drugs as in any way unusual if a Code 23 had already been called?

A. No, I wouldn't find that unusual at all.

Q. Indeed would that not be perhaps the proper procedure to be followed if a Code 23 had been called?

A. At the time I was not aware whether they drew up the drugs before an arrest or not. It is the first time I ever witnessed it. I never actually saw them draw it up.

Q. You have told us that when you heard the emergency buzzer sound, you immediately went into Richard McKeil's room. Do I have that correctly?

A. That's right.



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	Q.	Do you	rec	all no	w, when	ı you
arrived at that	room,	whether	or n	ot Dr.	Telch	or
any other physic	cian was	s preser	ıt?			

A. I can't recall any doctor being present.

Q. Were you informed at that point as to whether or not a Code 23 had in fact been called?

- A. I was not aware of a Code 23.
- Q. And how is a Code 23 in fact called?

A. You go to the phone, dial

25 and you say "Code 23", the doctor's name, "4A Adam".

Q. And you have told us I think

that when you heard the emergency buzzer on Richard McKeil sound you were in Room 421; is that what you told me?

- A. No, in Room 425 or Room 423.
- Q. If that is the case, if you were in Room 425 or 423, could you have heard from there the calling of a Code 23 by use of the telephone at the nursing station?
 - A. No, I could not have heard it.
- Q. So I take it then you cannot help us as to what time the Code 23 was called, other



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than what you have read in the progress notes, nor can you help us as to whether or not the emergency buzzer was in fact activated after the Code 23 had been called?

A. I can't help you with the Code 23, when the Code 23 was called, but when the emergency buzzer went off in the room, I recall running up there.

And the difficulty that I am having with this scenario that I just posed to you, Miss Brownless, is that I understood you to say that you observed this incident and saw the drugs on the top of the cardiac monitor before the emergency buzzer sounded. Is that correct?

A. That's correct.

Q. Do you recall what the interval of time was between when you observed that incident and when you heard the emergency buzzer sounding?

A. No, I can't recall.

Q. Was it then a matter of

seconds?

A. Longer than that.

Q. You would have had to be at least at the door of Room 418 or actually in the room



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24 25 to have observed the incident at all, isn't that correct?

- A. That's correct.
- Q. Are you clear in your own mind that you were back in another room when you heard the emergency buzzer sound?
 - A. Yes, I am.
- Are you also clear in your own mind that you observed this prior to the emergency buzzer being sounded?
 - Observed what?
- 0. The incident of the drugs on top of the cardiac monitor.
 - Yes, I am. A.
- I take it, though, that you are not certain nor can you provide us with any more information as to when the Code 23 was in fact called on this child?

THE COMMISSIONER: If we can just straighten out this Code 23. The notes say that some doctor was called and arrived. Is a Code 23 any more than getting a doctor?

THE WITNESS: It is to get a doctor to the floor right away.

THE COMMISSIONER: Yes, but if you



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19 20 22 happen to know where the doctor was, you can just call him to get him without going through the Code 23?

THE WITNESS: If he is in the residence, the rooms they stay in when they are on call all night, we could have called the room directly.

THE COMMISSIONER: That looks to me as thought it might be just what happened here, because they don't say, at least I don't see it, a Code 23 mentioned anywhere. On both page 80 and 81, "Dr. Telch called", in here, and then minutes after that, the Code 25 was called. I don't see anything about a Code 23.

Ms. Cronk, you are assuming that a Code 23 was called?

MS. CRONK: I suggest, sir, that effectively when the doctor was notified it was effectively a Code 23.

THE COMMISSIONER: Yes.

MS. CRONK: You are quite right, there is no mention of it.

THE COMMISSIONER: But if the doctor is notified, nobody else would know. This witness wouldn't know whether a Code 23 was called. MS. CRONK: Quite right.

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THE COMMISSIONER: You wouldn't be notified in any way; you're only notified when the Code 25 -- this buzzer that goes off is an indication of an arrest, isn't it?

THE WITNESS: That's correct.

THE COMMISSIONER: Which is the same thing as a Code 25?

THE WITNESS: That's correct.

THE COMMISSIONER: A Code 25 is a different system, but the buzzer is really in effect, is it not, notifying the ward --

THE WITNESS: The other nurses.

THE COMMISSIONER: -- that a Code 25

is being called?

THE WITNESS: That's correct.

THE COMMISSIONER: The Code 25 goes all around the Hospital; the buzzer naturally is heard only on the floor?

THE WITNESS: That's correct.

MS. CRONK: I think your point is well taken, sir, and I thought I had put it to the witness, but perhaps I did it using the wrong language.

THE COMMISSIONER: Yes.

MS. CRONK: Q. As I understood what



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you have said, Miss Brownless, whether we call it a Code 23 or anything else, you do not know when that night Dr. Telch was notified about this child's condition; is that correct?

A. That's correct.

Q. And you do not know whether he was notified prior to or after the sounding of the emergency buzzer?

THE COMMISSIONER: We know. We know. She may not know but we do.

MS. CRONK: How do we know?

THE COMMISSIONER: Because he arrived before the Code 25.

MS. CRONK: Well now, sir, with respect, you are assuming that the emergency buzzer sounded at the same time as the Code 25.

THE COMMISSIONER: That is what I asked her. But perhaps I got the wrong answer.

MS. CRONK: Sir, it may be entirely my confusion at the end of a long day.

Q. When a Code 25 is called on the wards, Miss Brownless --

A. Yes.

Q. -- does the emergency buzzer always sound at the same time?



Α.	Not	always,	no.
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Q. Are there times when the Code 25 would be called at the nursing station by use of the telephone prior to the activating of the emergency buzzer?

A. That's correct.

Q. Are there situations as well where the emergency buzzer would be activated prior to the calling of a Code 25?

A. That's correct.

THE COMMISSIONER: You certainly got the answer you want, Miss Cronk. If you could just tell my why, Miss Brownless - doesn't it indicate the same thing; we are in trouble --

THE COMMISSIONER: -- and we want

assistance?

THE WITNESS: There might be enough nurses in the room to give assistance to the child so they would not need to push the buzzer.

THE COMMISSIONER: I understand that; they might not want to push it at all, and there might be no buzzer ever sounded or pushed or pressed, whatever you do with buzzers. That could easily happen?

THE WITNESS: Yes.



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THE COMMISSIONER: Is it not the same thing, does it not indicate the same state of health of the child, the buzzer and the Code 25?

THE WITNESS: If the buzzer goes off, it means there is a cardiac arrest.

THE COMMISSIONER: And that is what a Code 25 is all about too, isn't it?

THE WITNESS: Yes.

MS. CRONK: Sir, can I try in my meddling way to help you out?

THE COMMISSIONER: All right, yes.

MS. CRONK: Q. When a Code 25 is placed, who is it intended should be notified that an arrest has occurred?

A. The doctors on call that night, the arrest team and the nurses on the floor, if the buzzer is pushed and, if the buzzer is not pushed, that means that there are enough nurses in the room to cope in dealing with the arrest.

Q. And if you could segregate the two for a moment, Miss Brownless, and perhaps just talk about the Code 25 for a moment and then we will talk about the emergency buzzer. You have already told us that it is not necessarily that they happen simultaneously, although it could happen?



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A. Yes.

0. Let us talk about the Code 25. It is my understanding, and please correct me if I am wrong, that the calling of the Code 25 means that someone at the nursing station picks up the telephone, speaks in a code by naming a particular name of an individual, and that the purpose of that call is to summon the arrest team to the ward. Do I have that correctly?

A. If she dials 25, that is correct.

Q. And the purpose of a Code 23, which is also a telephone call - do I have that correctly?

> That is correct. A .

Q. -- is to notify and summon, request that a particular doctor come to the floor?

> A. Right away.

0. And when an emergency buzzer is activated, what is the purpose of doing that?

That is to get the nurses on A. the floor to go to the room and someone will also at the same time call a Code 25 on the telephone.

So I take it then, would it be fair of me to suggest that the calling of a Code 25



that night?

is to summon the arrest team?

A. Yes.

Q. And it may also be possible that in addition to making the telephone call a nurse or someone who is there in the patient's room might call out, speak out the words "Code 25", and that would have the effect of notifying nurses on the floor that there had been an arrest?

A. That's correct.

Q. If that was not done or even if it was done, another way of notifying the nurses on the floor would be to activate the emergency buzzer?

A. That's correct.

Q. And that is what you heard

A. That's correct.

Q. You didn't hear the calling of a Code 25 orally by any nurse, nor did you hear anyone making a telephone call at the nursing station?

A. That's correct.

Q. Nor did you hear the calling out orally of a Code 23, nor did you hear anyone actually calling Dr. Telch; do I have that correctly?

A. That's correct.



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Q. Had you ever before, prior to this incident, Miss Brownless, and I recognize that you had not been on those wards for a very long time before Richard McKeil died, but during that period of time had you ever before seen anyone draw up, at least as you understood it, arrest drugs prior to an arrest actually occurring?

A. No, I had never seen it

Q. You are still at the Hospital

A. Yes.

Q. Have you ever seen or observed that kind of an incident again since?

A. No, I haven't.

Q. Did you regard it at the time as unusual?

A. No, I didn't.

Q. There were a number of arrests on the ward which occurred after the death of Antonio Adamo on October 19th. Francis Volk died on October 23rd, Matthew Lutes on November 17th, John Onofre on December 9th, Darcy MacDonald on December 13th, Real Gosselin on December 18th, Stephanie Lombardo on December 23rd and Jesse Belanger on December 28th. Do you recall having seen



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any of those children that I have just named? Α.

any of those children prior to their respective deaths?

> Α. No, I don't recall.

0. Do you have any recollection as to the circumstances surrounding the death of

No, I don't.

I take it that although you do not recall having seen the particular children, nor do you recall any of the circumstances of their deaths, you were informed after they had died that there had been those arrests and those deaths on the ward; do I have that correctly?

For some of them, yes.

0. Could I ask you to take a look at the WIN sheets again for 4A. This time I will ask you to turn to December, beginning with the week of December 22nd.

I have it.

Q. It appears that you worked long nights on December -- I'm sorry, starting at the beginning of the week, you were absent on December 22nd and 23rd?

> That's correct. A.

Q. You worked long nights on



Brownless dr.ex. (Cronk)

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December 24th.

A. On 4B.

Q. That is not shown here but that, I take it, is your recollection?

A. It says right here I am on.

 Q_{\bullet} I'm sorry. I thought that said something else. That is 4B?

A. That's correct.

 Ω_{\bullet} You are reported as having worked long days on the 25th. Did you in fact work Christmas day?

A. No, I didn't.

Q. Did you have the day off?

A. An absent day without pay.

Q. You are recorded as having worked long days on the 26th.

A. That's correct.

Q. You are then absent on the 27th, 28th and 29th right through until Monday, January 5th, as I read the WIN sheets, when you came on for duty on long nights; is that correct?

A. That's correct.

Q. Were you informed at that time of the deaths of the children in the latter part of December, specifically Jesse Belanger, who died on December 28th?

A. I can't recall.



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Q. Did you know at that time, that is when you came back to work that first week in January, that there had been a series of deaths on the two wards during the month of December?

A. I can't recall.

Q. Do you recall at that time any discussion of which you were aware by any of the nursing staff on either ward concerning any of those six children who had died during the month of December, whose names I read out to you?

A. I don't recall any discussion at all.

Q. Do you remember any concerns being expressed by any of the physicians attached to those wards with respect to any of those children?

A. I don't recall any concerns, no.

Q. You have told me earlier that as best as you can now recall it the first time that you consciously were aware that there had been a large number of deaths on these wards was after the death of Jordan Hines. Do I have that correct?

A. That's correct.

Q. Do you recall expressing concerns with respect to any particular arrest to any of the nursing supervisors or to either of the head nurses



A. I can't recall having any

Q. Did, in fact, any child die

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conversations with the head nurses or supervisors.

in a moment.

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A. Janice Estrella? 0. Yes.

throughout that period, whose death caused you particular concern prior to the death of Jordan Hines? None whatsoever.

on those wards prior to the death of Jordan Hines?

0. We will come to Janice Estrella

As I understand it, you worked long nights on January 10th. Do you recall having raised her death with any of the nursing supervisors or any of the head nurses?

I don't recall any conversations.

0. You are perhaps aware, Miss

Brownless, that Mrs. Johnstone has given evidence before this Commission. She was a night nursing supervisor throughout this nine month period. Do you know Mrs. Johnstone?

> Α. Yes I do.

She has given evidence. I would like to refer you to a particular passage of it



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regarding discussions that she had with various members of the nursing teams on Ward 4A and 4B. This is found in Volume 103. The relevant passage at page 3475. The context, Miss Brownless, is that Mr. Lamek, during his discussion with her, was asking her whether she had observed in September or October of 1980, that there had been a number of arrests on the wards and she indicated that she had and that she had discussions with Miss Coulson about them. He then asked this question:

"Q. Did you talk to any members of that nursing team about what you considered to be their bad luck, or did they talk to you about it?

A. They were concerned that there was so many arrests on the shift and they were concerned that maybe they weren't picking up on something sooner.

Q. Now you say, 'they'. Is that your recollection of things said to you by all the members of the team or were there particular members of the team who were expressing those thoughts?



"A. Phyllis and Susan expressed it

a lot, and Janet Brownless expressed

her concern at some point also.

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Q. All right. Brownless was new to the team, was she not? A. Yes."

My question to you, Miss Brownless, is this: do you recall at any point having had the benefit of that evidence, speaking to Lynn Johnstone about any of the deaths that had occurred on the wards prior to the death of Jordan Hines?

I don't recall a conversation A. at all.

0. It doesn't assist you in knowing whether or not you raised the matter of Janice Estrella's death with her?

> A. No-

MS. CRONK: Mr. Commissioner, I am about to turn to the case of Janice Estrella and I know for certain that will take some time.

THE COMMISSIONER: Yes. I think we will rise now until 9:30 then tomorrow.

--- Whereupon the hearing adjourned at 4:45 p.m. until Wednesday, March 7th, 1984 at 9:30 a.m.



